



**ST. PIUS X PARISH SCHOOL**

FAITH ACADEMICS COMMUNITY  
10855 S. Pioneer Blvd. Santa Fe Springs, CA 90670  
Phone: (562) 864-4818 · Fax: (562) 864-7120  
office@spxraiders.com · www.spxraiders.com

**APPLICATION FOR ADMISSION to PRESCHOOL (3 Year Old) PROGRAM**

*Please fill out a separate form for each child. Please print clearly and complete entire form.*

**CHILD'S LEGAL NAME:** \_\_\_\_\_

**PROGRAM APPLYING FOR:**  Half Day  School Day

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX (circle): MALE FEMALE Birthplace (City, State) \_\_\_\_\_

ADDRESS (residence) CITY ZIP CODE

Siblings applying to elementary school? YES NO If YES, grade(s)? \_\_\_\_\_

Other siblings currently in our school? YES NO If YES, grade(s)? \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent(s) are:  
\_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Remarried \_\_\_\_ Widowed

Child lives with: \_\_\_\_ Mother & Father \_\_\_\_ Mother Only \_\_\_\_ Father Only \_\_\_\_ Other Relatives

Primary Language spoken at home: \_\_\_\_\_ Other Languages: \_\_\_\_\_

**Mother's Information:**

Name \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS CITY ZIP CODE

HOME PHONE CELL/ALTERNATIVE PHONE EMAIL

MOTHER'S OCCUPATION EMPLOYER BUSINESS PHONE

RELIGION

BIRTHPLACE (City, State, Country)

MARITAL STATUS

**Father's Information:**

Name \_\_\_\_\_

FIRST

MIDDLE

LAST

ADDRESS

CITY

ZIP CODE

HOME PHONE

CELL/ALTERNATIVE PHONE

EMAIL

FATHER'S OCCUPATION

EMPLOYER

BUSINESS PHONE

RELIGION

BIRTHPLACE (City, State, Country)

MARITAL STATUS

**SCHOOL INFORMATION**

Is your child currently enrolled in an early childhood education program (circle)? YES NO

If YES, where? \_\_\_\_\_

City

District

Phone Number

Is your child currently receiving (or has he/she ever received) Special Education Services or a Special Education Assessment: YES NO

If yes, please describe these services:

Has your child ever been recommended to be evaluated for Special Education needs or related needs (speech, counseling, etc.)? YES NO

If yes, please describe the recommendations:

**RELIGIOUS INFORMATION**

\_\_\_\_\_ Does your child regularly attend Church Services? YES NO  
CHILD'S RELIGION

\_\_\_\_\_ Church Family Currently Attends

\_\_\_\_\_ City, State

How do you as a family worship and practice your faith?

\_\_\_\_\_ Will you actively support and participate in your child's religious education?

YES

NO

**INTEREST STATEMENT**

Briefly describe the reason(s) why you would like your child to attend St. Pius X Parish School.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I/We certify to the best of my/our knowledge the information on this application is true and correct.***

Father or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ST. PIUS X PARISH SCHOOL  
STUDENT/FAMILY QUESTIONNAIRE**

Please take a moment to fill out this questionnaire. The information you provide will be kept confidential. Please print all information.

**GENERAL INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list the people who live with the child at home – siblings (please provide age), parents, extended family, etc. (If one parent does not live with the child, please complete the **CHILD CUSTODY INFORMATION SHEET**):

\_\_\_\_\_  
\_\_\_\_\_

What languages does your child speak and/or understand? \_\_\_\_\_

Has your child ever repeated a grade? YES Which Grade? \_\_\_\_\_ NO

How is your child's health? Are there any special concerns we should know about?

\_\_\_\_\_

How is his/her attendance at daycare? \_\_\_\_\_

Do you feel your child will have any difficulty with behavior in a classroom with 10-12 students and one teacher?

\_\_\_\_\_

**DAILY CARE OF THE CHILD**

Who will bring the child to school? \_\_\_\_\_

Who will pick up the child? \_\_\_\_\_

What are the after school day care arrangements? \_\_\_\_\_

**OTHER INFORMATION**

How did you hear about St. Pius X Parish School? \_\_\_\_\_

Will you actively support school service hours if asked to volunteer? YES NO

Will you actively support school-sponsored fundraising activities/events? YES NO

Will you support the policies of St. Pius X School Preschool? YES NO

**St. Pius X Parish School Pre-School  
CHILD CUSTODY AND VISITATION INFORMATION**

**The information requested below is necessary for a child who does not live with both natural parents due to separation, divorce, or other circumstances.** The parent/guardian with whom the child lives is the custodial parent. Natural parents have equal access to the child and his/her school information, unless a written court order prohibits it. All information provided is considered confidential. **PLEASE PRINT ALL INFORMATION.**

Child(ren)'s Legal Full Name: \_\_\_\_\_

Please check the box or boxes that best describe your child custody and/or visitation arrangements:

- Joint Custody: both parents share joint physical and joint legal custody.

Names of Parents/Legal Guardians with Joint Custody: \_\_\_\_\_

- Joint Legal Custody: both parents share the rights and responsibilities to make decisions regarding health, education, and welfare of the child.

Name of Parents/Legal Guardians with Joint Legal Custody: \_\_\_\_\_

- Joint Physical Custody means both parents shall have significant periods of physical custody.

Names of Parents/Legal Guardians with Joint Physical Custody: \_\_\_\_\_

- Sole Legal Custody means one parent has the right and responsibility to make decisions regarding health, education, and welfare of the child.

Name of Parent/Legal Guardian with Sole Legal Custody: \_\_\_\_\_

- Sole Physical Custody means a child shall reside and be under the supervision of one parent, subject to the court to order visitation.

Name of Parent/Legal Guardian with Sole Physical Custody: \_\_\_\_\_

- Primary Physical Custody means the parent with whom the child resides the majority of the time.

Name of Parent/Legal Guardian with Primary Physical Custody: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN AUTHORIZATION FOR  
RELEASE OF SCHOOL RECORDS**

TO:

School: \_\_\_\_\_

Attn: Student Records

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release of current grades and any other developmental information regarding the pupil named below.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Please send the above requested records and information to:

St. Pius X Parish Preschool  
10855 S. Pioneer Blvd.  
Santa Fe Springs, CA 90670

School Official: \_\_\_\_\_ Date: \_\_\_\_\_