



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 Extended Care (3pm-6pm)

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
Attn: Mrs. Kristin Muniz
10855 S. Pioneer Blvd.
Santa Fe Springs, CA 90670

School Official: _____ Date: _____