

St. Pius X Catholic School Student Application

Name of Parents _____ This Application is for School Year 20____ 20____

Child's Full Formal Name _____

Address _____

Home Phone _____ Cell _____

Primary Email _____

Current School Family? Y N Desired Start Date_____ Desired Grade_____

Child's Current Grade _____

Child's Current School _____

Child's Gender M F Child's Birth Date _____

*Please note that a child applying for kindergarten must turn five Years of age prior to August 1 of the year he/she would begin School.

(Beginning in 2012-2013, Kindergarten will be full-day only.)

Please list the reason(s) why you are considering enrolling your child / children in our school.

Are you a parishioner at St. Pius X Catholic Church? _____

If not, are you planning to register if accepted to the school? _____

Signature of Parent / Guardian _____ Date _____

Please mail this application to St. Pius X Catholic School with your non-refundable \$100.00 application fee (per child). Receipt of the application fee ensures that the application will be processed, however we cannot guarantee that every child will be accepted to the school. First priority will be given to those parishioners attending St. Pius X Catholic Church and to those with siblings already attending the school. We will contact you once determinations about enrollment have been made.

For Office Use Only _____

Application Fee Paid: _____

Check Number: _____

Date: _____