

St. Pius X Catholic School Student Application

Family Name _____

Address _____

Home Phone _____ Cell _____

Primary Email _____

Current School Family? Y N Desired Start Date _____

Child's Full Name _____

Child's Grade (in August 2009) _____

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

If registering your child for kindergarten, please rank the program options in order of preference:

Half Day _____ Extended Day (3 full days; 2 half days) _____ Full Day _____

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: