



St. Pius X Catholic School

"Building Leaders for Christ"

Application for Registration

Student Name: _____ School Year: _____ - _____

New Student Registration Checklist (For Office Use Only)

Referred by: _____

Government Documentation

Official State Birth Certificate*

Registration Information

Student/Family Information*

Health Emergency Data Card*

Health Questionnaire*

Current Immunizations*

Educational Information

Educational Information Questionnaire*

Student-Parent Handbook Agreement Form*

Request for Previous School Records/Transcripts*

Payment Information

Must sign up with FACTS (online tuition collection)

Religious Information

Parish Affiliation Form

Baptismal Certificate

First Eucharist Certificate

First Reconciliation Certificate

Would you like for your child to receive the Sacraments? Yes No

Family Documentation

Criminal Background Check(s)*

Parent's/Guardian's Driver's License(s)*

Court-Certified Copy of the Custody Section of any existing Divorce/Separation Decree

Proof confirming Active Military

*Required

Registration Payment

Date: ____ / ____ / ____ Amount: _____ Check #: _____

Admission Policy: Registration is incomplete and enrollment will not proceed until the Registration Checklist above has been completed and approved. Failure to provide copies of all requested records could affect enrollment status with the student being denied admission or asked to withdraw. *Any misrepresentation or incomplete information on these forms may result in immediate dismissal.

Before any student is accepted to St. Pius X Catholic School, an acceptance qualification assessment will be conducted by school administration. This assessment is made in consultation with the family, examining the student's past academic and conduct records. Enrollment is complete upon receipt of your Notification of Acceptance.

All new students are conditionally admitted for their first nine weeks.

I (We) accept the Admission Policy and would like to apply for enrollment at St. Pius X Catholic School. I (We) understand that I (we) will assume full financial responsibility. I (We) also understand that the application process will only proceed upon receipt of all documentation and payment of the Acceptance Qualification Assessment.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____
Parent/Guardian Signature: _____ Date: ____ / ____ / ____



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Student Information

Last Name: _____ Street Address: _____
 First Name: _____ City: _____
 Middle Name: _____ State: _____ Zip Code: _____
 Nickname: _____ Gender: Male Female
 Birth Date: ____ / ____ / ____ Grade Entering: 1st 2nd 3rd 4th 5th 6th 7th 8th

Race: (St. Pius X School is open to all children, regardless of race, color, creed, or national origin)

African American Anglo Asian Multi-Racial
 Native Hawaiian Native American Indian Other _____

Primary language: _____ Second language: _____
 US Citizen: Yes No If no, Country of Birth: _____

Ethnicity: Non-Hispanic Hispanic

Religion: _____ Church Attending: _____

	Baptism	First Eucharist	First Reconciliation
Church			
Date	/ /	/ /	/ /
City			
State			

Census Information:

Number of Children in Family Boys: _____ Girls: _____ Student's Sibling Rank: _____

Public School which student would attend: _____

Public School District to which student belongs:

Northeast (NEISD) Judson (JISD) Alamo Heights (AHISD) Fort Sam Houston (FSHISD)
 Northside (NISD) Harlandale (HISD) San Antonio (SAISD) Other _____



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Family Information

Parent/Guardian

Last Name: _____ Relation to Student: _____
 First Name: _____ Financially Responsible: Yes No
 Maiden Name: _____ Street Address: _____
 Home Phone: (____) ____ - ____ City: _____
 Cell Phone: (____) ____ - ____ State: _____ Zip Code: _____
 Email #1: _____ Gender: Male Female
 Email #2: _____ Marital Single Married Remarried
 Occupation: _____ Status Divorced Separated Widow(er)
 Company: _____ Religion: _____
 Work Phone: (____) ____ - ____ Church: _____

Parent/Guardian

Last Name: _____ Relation to Student: _____
 First Name: _____ Financially Responsible: Yes No
 Maiden Name: _____ Street Address: _____
 Home Phone: (____) ____ - ____ City: _____
 Cell Phone: (____) ____ - ____ State: _____ Zip Code: _____
 Email #1: _____ Gender: Male Female
 Email #2: _____ Marital Single Married Remarried
 Occupation: _____ Status Divorced Separated Widow(er)
 Company: _____ Religion: _____
 Work Phone: (____) ____ - ____ Church: _____

Would you like your family's address and phone number to be listed in the St. Pius X Catholic School Directory? Yes No

Parent/Guardian Signature: _____ Date: ____ / ____ / ____
 Parent/Guardian Signature: _____ Date: ____ / ____ / ____



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Health Emergency Data Card

Student's Name: _____ Grade: 1st 2nd 3rd 4th 5th 6th 7th 8th

List emergency contacts who will assume temporary care of your child if you cannot be reached:

First Name: _____	Home Phone: (_____) _____ - _____
Last Name: _____	Cell Phone: (_____) _____ - _____
Relationship: _____	Work Phone: (_____) _____ - _____

First Name: _____	Home Phone: (_____) _____ - _____
Last Name: _____	Cell Phone: (_____) _____ - _____
Relationship: _____	Work Phone: (_____) _____ - _____

First Name: _____	Home Phone: (_____) _____ - _____
Last Name: _____	Cell Phone: (_____) _____ - _____
Relationship: _____	Work Phone: (_____) _____ - _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements it deems necessary.

Remarks: _____

Medications: _____

"Form 4802A – Medication Permission Request Form" must be completed by the parent/guardian and the health care provider in order for any medication, including "over-the-counter" medication, to be given by school personnel.

Allergies: _____

Other Conditions: _____

Primary Physician: _____

Office Phone: (_____) _____ - _____ Other Phone: (_____) _____ - _____

Hospital Preference: _____

Parent/Guardian Signature: _____	Date: _____ / _____ / _____
Parent/Guardian Signature: _____	Date: _____ / _____ / _____



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Health Questionnaire

Student's Name: _____ Grade: 1st 2nd 3rd 4th 5th 6th 7th 8th

May your child be treated by school personnel for minor injuries? Yes No

Physical History	Year	Comments
Accident-Serious		
Allergy*-Drug/Other		
Asthma*		
Blood Disorder		
Cardiac Disease/Problem		
Chicken Pox		
Congenital Deformity		
Diabetes		
Hearing Loss		
Hypertension		
Illness-Serious		
Neurological Disorder		
Otitis Media (Ear Infection)		
Rheumatic Fever		
Scarlet Fever		
Seizure Disorder (Epilepsy)**		
Surgery**-Serious		
TB Contact		
Urinary Problem		
Vision Loss		
Daily Medication		
Injuries	Year	Comments
Head**		
Back**		
Other:		

*Please indicate an "M" for moderate or an "S" for severe

**Details needed, please use "Comments" section

Required Screening

I understand the following screenings will be provided to my child as required: vision, hearing, scoliosis and Acanthosis Nigricans. The school will follow the required screening schedule.

Parent/Guardian Signature: _____	Date: ____ / ____ / ____
Parent/Guardian Signature: _____	Date: ____ / ____ / ____



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Educational Information Questionnaire

Student's Name: _____ Grade: 1st 2nd 3rd 4th 5th 6th 7th 8th

Section 1: Has this student.....		If yes, please explain below or on the back of this page
received individual tutoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
been on a behavior management program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
had a behavior problem in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
been tested for ADD/ADHD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
been in a gifted/talented school program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
been in a special education program? (Inclusion, pull out, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Participated in psychological or psychoeducational testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide a copy of the final report.
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If the answer was yes to any question in Section 1 please continue to Section 2

Section 2:		If yes, please explain below or on the back of this page
Content Mastery Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Itinerant Support Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Resource classroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Self-contained classroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Separate Special Education Campus	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Modification in regular education or curriculum	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Given extra time to complete schoolwork or tests	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Residential placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychiatric hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Placement in regular education alternative program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Placed in alternative school	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is there anything St. Pius X Catholic School needs to be aware of regarding special needs for this student?

Parent/Guardian Signature: _____ Date: ____ / ____ / ____



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Request for Previous School Records/Transcripts

Please fill in the information for your student's previous school.

School Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____

The following student has applied for enrollment at St. Pius X Catholic School

Student Name: _____ Birth Date: ____ / ____ / ____

Please send the following student records for this student:

- ❖ Most Recent Report Card
- ❖ Transcript of Previous Grades with Grading Scale
- ❖ Permanent Record Card**
- ❖ Permanent Picture Card**
- ❖ Standardized Test Data**
- ❖ Health Records
- ❖ Financial Standing (Catholic or Private Schools)
- ❖ Other (i.e. IEP) _____

**Original if your school is in the Archdiocese of San Antonio

If you have questions or concerns, please feel free to contact St. Pius X Catholic School at (210) 824-6431.

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976. Vol. 41, No. 118, Page 24673.)

Parent/Guardian Signature: _____ Date: ____ / ____ / ____



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Parish Affiliation Form

Please complete this form, have your Pastor complete the second half and return to the school office. (If you are a SPX Parishioner, please complete your portion and return to the school to route to Father for signature.)

Children Registering at St. Pius X Catholic School

Printed Name: _____	Grade: _____
Printed Name: _____	Grade: _____
Printed Name: _____	Grade: _____
Printed Name: _____	Grade: _____

To qualify for Parish Tuition rates a family must:

1. Be a registered active contributing member of a Catholic Church in the Archdiocese of San Antonio
2. Have your Pastor sign and return the "Parish Affiliation Form".

Parent(s) Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

In what Catholic Church are you an active member? _____

How long have you been a registered member? _____

Parishioner Envelope Number (St. Pius X only): _____

To be completed by the Priest of the Parish the family is a member

The above family listed is a registered parishioner.

Pastor's Signature: _____ Date: ____ / ____ / ____

Please fax or mail this completed form to St. Pius X Catholic School