



# St. Pius X Catholic School

*"Building Leaders for Christ"*

## Application for Registration

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

Parent Names: \_\_\_\_\_

Current SPX Student Names: \_\_\_\_\_

### Student Sibling Registration Checklist (For Office Use Only)

#### Sibling Registration Information

- Official State Birth Certificate\*
- Student Information
- Health Emergency Data Card\*
- Health Questionnaire\*
- Current Immunizations\*
- Educational Information Questionnaire\*
- Request for Previous School Records/Transcripts\*

#### 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

\*Required

**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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referred by: \_\_\_\_\_



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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: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

*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:*     Hispanic     Non-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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## Health Emergency Data Card

Student's Name: \_\_\_\_\_ Grade: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

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: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

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**		
<b>Other:</b>		

\*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: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

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?

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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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_