



**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**

*Please fill out a separate form for each child. Please print clearly and complete entire form.*

CHILD'S LEGAL NAME: \_\_\_\_\_ APPLYING FOR GRADE \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX (circle): MALE FEMALE Birthplace (City, State) \_\_\_\_\_

ADDRESS (residence) CITY ZIP CODE

Siblings applying? 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 attending school(circle)? YES NO

If YES, which school? \_\_\_\_\_ Grade \_\_\_\_\_

City District Phone Number

***For a child entering First Grade or higher, please be prepared to present recent report cards.  
We will contact current school to make sure family is meeting financial obligations.***

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

Do you use Sunday envelopes for regular donations? YES NO

If YES, what is your Registration/Envelope Number? \_\_\_\_\_

How do you as a family worship and practice your faith?  
\_\_\_\_\_

Will you actively support and participate in your child's religious education program?

YES

NO

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 \_\_\_\_\_

-----  
**Office Use Only**

**RECORD OF SACRAMENTS**

Copy Rec'd

Baptism \_\_\_\_\_  
Date Church City/State

Reconciliation \_\_\_\_\_  
Date Church City/State

Eucharist \_\_\_\_\_  
Date Church City/State



**St. Pius X Parish 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 School  
Attn: Mrs. Hall  
10855 S. Pioneer Blvd.  
Santa Fe Springs, CA 90670

School Official: \_\_\_\_\_ Date: \_\_\_\_\_