



St. Pius X Catholic School

"To Restore All Things in Christ" – Pope Pius X

Application for Registration

Student Name: _____ School Year: _____ - _____

Parent Names: _____

Current SPX Student Names: _____

Student Sibling Registration Checklist (For Office Use Only)

Sibling Registration Information	
<input type="checkbox"/> Official State Birth Certificate*	<input type="checkbox"/>
<input type="checkbox"/> Student Information	
<input type="checkbox"/> Health Emergency Data Card*	
<input type="checkbox"/> Health Questionnaire*	
<input type="checkbox"/> Current Immunizations*	
<input type="checkbox"/> Educational Information Questionnaire*	
<input type="checkbox"/> Early Learning Center Questionnaire*	

Religious Information	
<input type="checkbox"/> Parish Affiliation Form	<input type="checkbox"/>
<input type="checkbox"/> Baptismal Certificate	
<input type="checkbox"/> First Eucharist Certificate	
<input type="checkbox"/> First Reconciliation Certificate	
<i>Would you like for your child to receive the Sacraments?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

*Required

Admission Policy: Registration is incomplete and enrollment will not proceed until the Registration Checklist above has been completed and approved.

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: ____ / ____ / ____



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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: PreK3 PreK4 Kindergarten

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

African American Anglo Asian Multi-Racial
 Hispanic Native American Indian Native Hawaiian Other _____
 Primary language: _____ Second language: _____
 US Citizen: Yes No If no, Country of Birth: _____

Religion: _____

Church Attending: _____

Baptism	
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 _____

This student can take care of bathroom needs independently? Yes No



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Health Emergency Data Card

Student's Name: _____ Grade: PreK3 PreK4 Kindergarten

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: PreK3 PreK4 Kindergarten

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: PreK3 PreK4 Kindergarten

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	

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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Early Learning Center Questionnaire

Dear Preschool Teacher:

This student is being considered for placement in our Early Learning Center. We would appreciate it if you would share the following information with us. This questionnaire will remain confidential.

Student's Name: _____ Grade: PreK3 PreK4 Kindergarten

Please describe this student: (For example: self-motivated, easily discouraged, sociable, shy, persistent, etc.)

	Not at all	Sometimes	Most times	All of the time
Exercises self control				
Positive attitude				
Responds positively to correction				
Cooperative with adults				
Plays well with others				
Can take care of bathroom needs independently				
Distracts other children				
Aggressive				
Easily distractible				
Ability to work in groups				
Ability to work alone				
Attention span (average 10 minutes)				
Remains on task				
Uses time well				
Follows directions				
Applies effort				
Exhibits good gross motor skills				
Exhibits good fine motor skills				
Keeps hands to self				

Printed Name: _____ Phone: (____) ____ - _____

Signature: _____ Date: ____ / ____ / ____

Thank you for your cooperation. Please return this form to St. Pius X Catholic School.