



Diocese of Fort Wayne – South Bend Today's date: _____

STUDENT Enrollment [Please Print!]

(Each child attending Saint Pius X Catholic School must have this form on file)

No. _____	Office Use Only
Date Recvd: _____	Time _____ Cash _____ Chk # _____
() K-8 \$ _____	() PK \$ _____
Cash/Chk Amt: _____	Initials _____ NonP P P2B SF
Birth Certif: Y/N/ filed	Baptism: Y/N/filed Custody ppwrk: Y/N
Student ID# _____	SCF# _____

School Year **2019-2020** Returning Family _____ New Family _____ Registered Parishioners at: _____

Preschool: Rank preference (1,2,3) on preschool sessions. Students must be toilet-trained, have self-care skills and of age by 8/1.

3 Yr 2 Day TTH: AM _____	3 Yr 3 Day MWF: AM _____ PM _____
4 Yr 3 Day MWF: PM _____	4 Yr 4 Day MTWTH: AM _____ PM _____ FULL DAY _____
4 Yr 5 Day M-F: AM _____	FULL DAY _____
4/5 Year 4 Day MTWTH: AM _____ PM _____	FULL DAY _____
4/5 Year 5 Day M-F: AM _____	FULL DAY _____

4/5 Year must be 4 years old prior to December 31, 2018 and will enter kindergarten in 2020-2021 school year.

Check if want to add Lunch Bunch (11-12pm) every TTH to your AM/PM class: _____ (Available for all ages; after AM or before PM class)

Grades K-8: Entering Grade _____ in 2019-2020 School Year

An interview and entrance assessment will be required for new students enrolling in grades 1– 8. A copy of student's Birth Certificate is required for new student enrollment.

Student's Name: _____ Sex _____

Date of Birth (Month/Day/Year) _____ City, State & Country of Birth _____

Address: _____

Home Phone: _____ Subdivision: _____

Student's Ethnicity / Race Data - Both Questions must be answered (for statistics only):

- | | |
|---|--|
| 1. Is this individual Hispanic / Latino?
(Choose only one) | 2. What is the individual's race? (Choose one or more) |
| _____ No, not Hispanic / Latino | _____ American Indian or Alaskan Native |
| _____ Yes, Hispanic / Latino | _____ Asian |
| | _____ Black or African American |
| | _____ Native Hawaiian or Other Pacific Islander |
| | _____ White |

Medical Condition (Allergy, Asthma, Heart Condition, etc. Please be specific): _____

Student's Religion: _____

New students only – Please list Sacrament information below: **(If Baptized outside of Parish, a copy of Baptismal Certificate must be attached.)**

Baptism:	Date: _____	Church: _____	City: _____	State: _____
Holy Communion:	Date: _____	Church: _____	City: _____	State: _____
Confirmation:	Date: _____	Church: _____	City: _____	State: _____

Did this child attend Saint Pius X Catholic School last year? _____ If no, where did this child attend school?

School Name: _____ City: _____ State: _____

In what public school corporation does the child reside? _____

Student lives with: Both Parents _____ Mother _____ Father _____ Stepmother _____ Stepfather _____ Other _____

Parents' Marital Status: Married _____ Single, never married _____ Divorced* _____ Separated* _____ Widow _____

Remarried* _____ (* copy of custody/guardianship papers required)

Is there a restraining order against anyone regarding contact with this child? Yes _____ No _____ If yes, please list name and any other

information that may be necessary in the protection of the child: _____

A copy of the court order must be on file at the school office for school compliance.

Father's or Guardian's Information

Last Name, First Name: _____

Living _____ Deceased _____

Education (check highest level reached):

____ Grade School ____ High School ____ College Courses

____ College Degree ____ Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Work Phone: _____

Mother's or Guardian's Information

Last Name, First Name: _____

Living _____ Deceased _____

Education (check highest level reached):

____ Grade School ____ High School ____ College Courses

____ College Degree ____ Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: : _____

Employer: _____

Work Phone: _____

Step-parent: Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

List children who will attend Saint Pius:**List all other children in family:**

NAME	BIRTH DATE (month/day/year)	GRADE/AGE	NAME	BIRTH DATE (month/day/year)	GRADE/AGE
1			1		
2			2		
3			3		
4			4		
5			5		

Has the student ever received any special services (e.g. learning disability, physical impairment, communication disorder, emotional difficulty, etc.)?
Yes _____ No _____

If yes, what services were received? _____

Does the student have an active ILP (Individual Learning Plan)? Yes _____ No _____

What is the predominant language of the student? _____ What is the first language learned by the student? _____

Is there a language other than English often spoken in the home? _____ If yes, what? _____

Does at least one parent *read* English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____

If applicable, admission is not determined until confirmation is received from prior Catholic school that financial obligations are current (4020).

Final decision on enrollment of a student rests in the discretion of the principal (in consultation with the pastor in the case of an elementary school). (P4020).