



2016-2017
REGISTRATION FORM

St. Pius X Catholic School
7800 Halprin Drive · Norfolk, VA 23518
(757) 588 - 6171 Fax (757) 587 - 6580
School e-mail: school@piusxparish.org

Student Entering Grade _____

STUDENT INFORMATION

Name _____
LAST NAME FIRST NAME MIDDLE NAME

Home Address: _____ Home Phone: _____
_____ Date of Birth: _____
City & State of Birth: _____

Gender : ___ Male ___ Female Country of Birth (if outside the USA): _____

Student Race: American Indian/Native Alaskan Black Asian
(Used for Grants and NCEA Data) White Multi-Racial Native Hawaiian/Pacific Islander

Student Ethnicity: Non Hispanic Hispanic

Religion: _____ Baptized: Yes ___ No ___

	Date	Church	City and State
Baptism	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

PARENT/GUARDIAN INFORMATION:

(This information will be used for all correspondence from the school office. Please fill in completely.)

Student lives with (circle one) Both Parents / Mother / Father / Other _____

Mother's Name _____ (circle: Mrs. / Ms. / Miss)

Address _____ Maiden Name: _____
Only if different than student's

_____ Race: _____ Ethnicity: _____

Occupation _____ Cell # _____

Employer _____ Business # _____

Religion _____ Parish Name: _____

E-mail Address: _____ Parish Envelope # _____

Father's Name _____

Address _____ Ethnicity: _____
Only if different than student's

_____ Home # _____

Occupation _____ Cell # _____

Employer _____ Business # _____

Religion _____ Parish Name _____

E-mail address: _____ Parish Envelope # _____

For Office Use Only: Birth Certificate ___ Baptism Certificate ___ Entrance Health Form ___ Immunizations ___

FACTS ___ RW ___ IEP ___ Communique ___ Report Card Envelope ___ Records Requested ___

<p><u>Please check appropriate box:</u></p> <p>PK3 <input type="checkbox"/> 8:00 am - 12:00 pm 3 days (Tues., Wed. & Thurs.) <i>or</i> <input type="checkbox"/> 8:00 am - 12:00 pm 5 day <u>Students must be 3 years old to attend PK3 program</u></p> <p>PK4 <input type="checkbox"/> 8:00 am - 12:00 pm 5 days <i>or</i> <input type="checkbox"/> 8:00 am - 3:10 pm</p> <p>Kindergarten - 8th Grade <input type="checkbox"/> 8:00 am - 3:10 pm <u>Students entering Kindergarten must be 5 years old on or before 9/30/16</u></p>	<p><u>C.A.R.E.S. Program</u></p> <p><input type="checkbox"/> 6:00 am - 8:00 am</p> <p><input type="checkbox"/> 12:00pm - 3:10 pm (PK3 & PK4)</p> <p><input type="checkbox"/> 3:10 pm - 6:10 pm</p>
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I understand that in order for my child to be considered for acceptance into St. Pius X School he/she must be interviewed by the administration. The following **MUST** be presented at the time of registration:

- √ \$75.00 per student (non-refundable) Registration Fee will be due on July 1st
 - √ Birth Certificate
 - √ Baptism Certificate
 - √ Immunization (Shot) Record (State Regulation)
 - √ Commonwealth of VA School Entrance Health Form (State Regulation) (blank form may obtained in the school office)
 - √ Most Recent Report Card
- ◆ Has this student ever been tested or evaluated for Learning Disability, Speech/Language Therapy, ADD/ADHD, ESL, or any other special concerns? No Yes If yes, please explain (documentation from any testing MUST be on file in the school office): _____
 - ◆ Does this student have an IEP or 504 Plan? Yes No If yes, documentation must be provided at time of registration.
 - ◆ Has this student been expelled or suspended from another school? Yes No If yes, please explain:

 - ◆ In the event of a divorce, please attach the decree of custody with this application, as well as any specific instructions regarding the release of the child to a parent. Decree of Custody attached.

I understand that any academic, IEP, 504 Plan, medical, physical or psychological documentation/problem must be made known to the administration at the time of registration. No registration is complete without the above disclosure. I understand that there is a probation period of eight (8) weeks for all students and if my child does not perform satisfactorily either academically or behaviorally he/she will be asked to withdraw from school.

Signature of Parent/Guardian

Date

Complete Name and Mailing Address of Last School Attended (needed for requesting transcripts)

How did you hear about St. Pius X School?

Website - Internet / Friend / Newspaper / Magazine / Phone Book / Other _____