

APPLICATION FOR ADMISSION APPLICANT ATTENDS ST. PIUS X SCHOOL

Date	
Date	
Daic	

Name			_DOB_			
LAST	FIRST		MIDDLE	(mm/dd/yyyy)		
Street AddressNUMBER STREET	C	TY	STATE	ZIP		
NUMBER STREET	C.	11 1	SIAIE	ZiP		
Mailing Address						
(If different than above) PO BOX/STREET NUMBER	C	TY	STATE	ZIP		
Resides With						
Religion	_ Place of Worshi	p		Town		
PARENT INFORMATION						
Father's Name		Mother's	s Name			
Home Address		Home A	ddress			
(if different than applicant)			ent than applicant)			
Home Phone ()		Home P	hone ()			
Cell Phone ()		Cell Pho	one (
cen i none ()		centin) <u> </u>			
Email		Email _				
Occupation		Occupa	tion			
Employer		Employ	yer			
City/State		City/St	ate			
Business Phone ()		Business Phone ()				
To Whom Should The School Direct Mailings?						