



**St. Pius V School**  
"Making a World of Difference"

1919 South Ashland Avenue / Chicago, Illinois 60608  
Phone: 312-226-1590 / Fax: 312-226-7265  
SaintPiusV.org

# New Student Application For Admission

### ADMISSION PROCESS

Please Submit the following items for admission review.

- A completed Application for Admission form for each child applying to St. Pius V School
- A copy of the child's Birth Certificate, not a hospital certificate
- A copy of current medical and dental exams
- For K and out-of-state transfers, a copy of current eye exam
- A copy of Baptismal Certificate for any religion, if not baptized note this on the form
- For transfer applicants, grades K -8<sup>th</sup>, a copy of current report card from previous school must be included
- Non-refundable application fee of \$100 per student

### PRIORITY ENROLLMENT ADMISSIONS CRITERIA

All students who complete the application process are considered for acceptance. However, we cannot guarantee enrollment to all who apply. If enrolment requests exceed availability the following criteria will apply:

- Returning student will receive priority, PreK – 8<sup>th</sup> if application is submitted prior to priority deadline.
- Sibling of current & returning students will receive priority, if application is submitted prior to priority deadline.
- Enrollment will be determined by the St. Pius V administration based on the individual circumstances of enrolling students and families.
- Current academic information (student grades, attendance, test scores, IEP's or 504 plans) are all taken into consideration when reviewing applicants that are transferring from a different school.
- We strive to maintain a diverse community of students and families with a strong commitment to our school and our mission.

### Non-Discrimination Policy

St. Pius V School admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students. The school does not discriminate on the basis of race, color, sex or national and ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs or athletic and other school related programs.

<p><b>For office use</b></p> <p>Date received _____ Amount paid _____</p> <p>Check # _____ Cash _____ Receipt Given _____</p> <p>Family ID _____ Student ID _____</p>	<p>Acceptance letter sent: _____</p> <p>Acceptance Returned: _____</p>
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**APPLICATION Please complete one for each child**

**Academic Year** \_\_\_\_\_ (ex. 2016-2017)

Please choose one:    **New Family** \_\_\_\_\_    **Current Family/New Student** \_\_\_\_\_

Applying for grade:

PK3             PK4

**Grade** \_\_\_\_\_ *If a new family, a copy of most recent report card soul be attached to this application*

**STUDENT INFORMATION**

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Student Name (Last, first, middle) \_\_\_\_\_

Prefers to be called \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

\_\_\_\_\_   
Date of Birth (Month/Day/Year)

\_\_\_\_\_   
Place of Birth (City/Stat/Country)

Student's address – Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

\_\_\_\_\_   
Home phone number (if applicable)

Health Conditions \_\_\_\_\_

List All Medications \_\_\_\_\_

My child has a physical problem that may hinder his/her participation in regular physical education classes. Please explain.

\_\_\_\_\_   
Last School Attended (if applicable)

\_\_\_\_\_   
Grade

\_\_\_\_\_   
Reason for Transfer (if applicable)

Public School Nearest Your Home \_\_\_\_\_

Does/has student received Special Education Services?     Reading     Math     Speech     Other: \_\_\_\_\_

Does student have an IEP?  Yes     No    **If yes, information should be attached to this application**

Student's Ethnic/Racial Background:

American Indian or Alaskan

Asian     Black or African-American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

Two or more races

\_\_\_\_\_   
Languages spoken at home

\_\_\_\_\_   
Student's Religion

\_\_\_\_\_   
Parish, Church, or Place of Worship

\_\_\_\_\_   
City/State

\_\_\_\_\_   
Baptism Date

\_\_\_\_\_   
Parish, Church, or Place of Worship

\_\_\_\_\_   
City/State

\_\_\_\_\_   
First Communion Date

\_\_\_\_\_   
Parish, Church, or Place of Worship

\_\_\_\_\_   
City/State

\_\_\_\_\_   
Confirmation Date

\_\_\_\_\_   
Parish, Church, or Place of Worship

\_\_\_\_\_   
City/State

**FAMILY INFORMATION**

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**FATHER**    Mr.    Dr.

NAME

ADDRESS if different from applicant

CELL PHONE

WORK PHONE

EMAIL

EMPLOYER

OCCUPATION

RELIGION

PLACE OF BIRTH

DATE OF BIRTH

Alum of St. Pius V School. Year of Graduation: \_\_\_\_\_

**Preferred Method of Communication**

Phone call    Text    Email    Paper

**MOTHER**    Mrs.    Ms.    Miss    Dr.

NAME

ADDRESS if different from applicant

CELL PHONE

WORK PHONE

EMAIL

EMPLOYER

OCCUPATION

RELIGION

PLACE OF BIRTH

DATE OF BIRTH

Alum of St. Pius V School. Year of Graduation: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Preferred Method of Communication**

Phone call    Text    Email    Paper

**Parental Status:**    Married    Separated    Divorced    Single Parent    Father Deceased    Mother Deceased

If father remarried, Step-spouse's Full Name \_\_\_\_\_

If mother remarried, Step-spouse's Full Name \_\_\_\_\_

If parents are divorced, who has legal custody?

Custody Restrictions if any

Who will receive grades, reports, weekly information and mailings?

**SIBLING INFORMATION**

Sibling's Full Name

Birthdate

Current School

Grade

Sibling's Full Name

Birthdate

Current School

Grade

Sibling's Full Name

Birthdate

Current School

Grade

Sibling's Full Name

Birthdate

Current School

Grade

## EMERGENCY INFO/HEALTH INFORMATION

### Emergency Contact

\_\_\_\_\_  
Name of Emergency Contact #1

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name of Emergency Contact #2

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship

### Medical information

\_\_\_\_\_  
Family Doctor

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Family Dentist

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Office Address

### Authorization of Student Pick Up

I understand that my child will only be released to persons the emergency contacts above or those listed on this form. Arrangements for other must be made I advance with the school office.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

### Insurance Information

\_\_\_\_\_  
Name of Insurance Company

#### RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature below empowers the authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. Likewise, your signature below is not sufficient to the release of confidential information protected by Federal Law.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

### TUITION AND FINANCIAL AID

#### PERSON(S) RESPONSIBLE FOR FEES AND TUITION:

FATHER     MOTHER     BOTH     OTHER – *Please fill in information below*

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

St. Pius V is committed to making financial aid available to new and returning students as needed. Application for admission to St. Pius V should not be discouraged because of affordability of tuition, we believe in giving every child the opportunity to receive a high-quality Catholic education. To be considered for financial aid you must apply through FACTS either online at:

<https://online.factsmgt.com/SignIn.aspx?ReturnUrl=%2f>

or through the mail. Paper forms are available upon request from the school office.

Will you be applying for financial aid?    Yes  No

I (we) hereby state that the information contained herein is true and complete. I (we) have not knowingly omitted any information regarding my (our) child.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

### APPLICATION ADDITIONAL CHILD

**Academic Year** \_\_\_\_\_ (ex. 2016-2017)

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City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

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\_\_\_\_\_   
Parish, Church, or Place of Worship

\_\_\_\_\_   
City/State

\_\_\_\_\_   
Baptism Date

\_\_\_\_\_   
Parish, Church, or Place of Worship

\_\_\_\_\_   
City/State

\_\_\_\_\_   
First Communion Date

\_\_\_\_\_   
Parish, Church, or Place of Worship

\_\_\_\_\_   
City/State

\_\_\_\_\_   
Confirmation Date

\_\_\_\_\_   
Parish, Church, or Place of Worship

\_\_\_\_\_   
City/State