



Admissions Guidelines and Application Packet for Pre-Kindergarten Program 2021-2022

Saint Pius X Catholic School is dedicated to providing a Christ-centered community that creates a family atmosphere that is uniquely warm and welcoming. The goal of the Pre-Kindergarten curriculum is to facilitate the student to become more independent, self-directed, and adept at problem solving, while gaining the readiness skills necessary for the formal learning of later years.

The school calendar for Pre-Kindergarten follows the Saint Pius X School calendar for grades K-8. The school hours are from 8:15 am until 3:15 pm (full-day) and 8:15 am until 12:15 pm (half-day), Monday through Friday.

Admissions Guidelines

Saint Pius X Catholic School admits students of any race, color, sex, religion, national and ethnic origin to all programs and activities generally accorded or made available to students at the school.

Admissions will continue until all seats are filled.

To receive consideration as a Catholic applicant and receive the Catholic tuition rate, a *Parish and Stewardship Participation Voucher* signed by your Pastor must be on file. Applicants without a signed Parish Participation Voucher will be given non-Catholic consideration and pay the non-Catholic rate of tuition. Catholic families transferring into the Greensboro area may provide a letter from the pastor at their current parish stating that they are participating parishioners.

Health Record Requirements

A complete immunization record must be submitted, along with a current physical (Diocese Health Form) prior to school attendance. The Diocese Health Form must be completed by a physician based on a physical completed within 12 months of the first day of school attendance. All students are required by

NC General Statute 130A-154 to receive all immunizations required by the state of North Carolina. Students must provide proof of immunization and be in compliance with North Carolina immunization requirements prior to admission to the school.

Immunization Certificates presented to school must include:

1. Name of child, birth date, address, and names of parent/guardian
2. Full dates of each immunization dose (month, day, year)
3. Name and address of physician or clinic which administered the immunizations
4. Certificates to be signed or stamped by the physician or clinic



Pre-Kindergarten Application

School Year Entering 20____ - 20____

SPX OFFICE USE ONLY

Check #: _____

Amount: _____

Date: _____

Please complete this application and return it to the SPX School office with the following:

- \$100 non-refundable application fee to initiate admissions process, payable to St. Pius X School
- Copy of Birth Certificate
- Copy of Baptismal Certificate (if Catholic)
- Copy of Immunization Record
- Diocese Health Form (completed after acceptance)
- Signed Parish Stewardship Participation Voucher, if Catholic (enclosed)

Applying for Full-Time: _____ (M-F, 8:15 am-3:15 pm) or Part-Time: _____ (M-F, 8:15 am – 12:15 pm)

Student Information

Full Name _____ Preferred Name _____

Address _____ City _____ State _____ Zip _____ Home Phone _____

Date of Birth _____ Place of Birth: City _____ State _____

Catholic: Yes ___ No ___ Parish: _____ Baptism Date/Church: _____

Gender: Male _____ Female _____ Student's Race: _____ Hispanic: Yes _____ No _____

Gender, race, and religion are gathered for school demographics and not for admissions purposes.

Family Information

Student resides with: Both parents _____ Mother _____ Father _____ Other _____

If Catholic, we are registered in _____ Parish

☐ Father ☐ Step-Father ☐ Guardian

☐ Mr. ☐ Dr.

☐ Mother ☐ Step-Mother ☐ Guardian

☐ Ms. ☐ Mrs. ☐ Dr.

First Name _____ Last Name _____

Home Address (if different than student) _____

Home Phone _____ Cell Phone _____

E-mail address _____ Business Phone _____

Religion _____ Parish _____

Occupation _____

Place of Employment _____

First Name _____ Last Name _____

Home Address (if different than student) _____

Home Phone _____ Cell Phone _____

E-mail address _____ Business Phone _____

Religion _____ Parish _____

Occupation _____

Place of Employment _____

Siblings

Siblings applying for admission ☐ Yes, Grade/s _____ ☐ No Siblings currently enrolled in St. Pius X School? ☐ Yes ☐ No

Please list siblings' names, and birth dates: _____

Current Preschool/Daycare Information

Last Preschool or Daycare Attended: _____

School Address _____ City _____ State _____ Zip _____

Director's Name _____ School Telephone: () _____

Student History

Is your child completely potty-trained and providing for own bathroom needs? Yes _____ No _____

Is English the primary language spoken at home? Yes _____ No _____

Has the applicant ever received auxiliary services such as outside tutoring, psychological or educational testing, speech/language assistance, or professional counseling? Yes No ***If yes, please provide a copy of any test results.***

If yes, explain _____

Has the applicant been hospitalized for significant medical treatment? Yes No If yes, please describe: _____

Is your child currently receiving physician prescribed medicine? Yes No If yes, list medication and possible side effects _____

Does your child have any food allergies: _____

List any other health or learning considerations needed for this child: _____

Other Information

How did you hear about St. Pius X Catholic School _____

These statements are true and accurate to the best of my knowledge.

Signature of Parent or Guardian: _____ Date: _____

Please bring or send the completed form, along with required documents and application fee to:

**St. Pius X Catholic School
2200 N. Elm Street
Greensboro, NC 27408
*lcostello@spxschool.com***