**APPLICATION FOR ADMISSION** Date_____
**APPLICANT ATTENDS ST. PIUS X SCHOOL**

Name_____
LAST FIRST MIDDLE

Street Address _____
NUMBER STREET CITY STATE ZIP

Mailing Address_____
(If different than above) PO BOX/STREET NUMBER CITY STATE ZIP

Resides With_____

Religion_____ Place of Worship_____Town_____

**PARENT INFORMATION**

Father's Name_____ Mother's Name_____

Home Address_____ Home Address_____
(if different than applicant) (if different than applicant)

_____ _____

Home Phone ( )_____ Home Phone ( )_____

Cell Phone ( )_____ Cell Phone ( )_____

Email _____ Email _____

Occupation _____ Occupation_____

Employer _____ Employer _____

City/State _____ City/State _____

Business Phone ( )_____ Business Phone ( )_____

To Whom Should The School
Direct Mailings?_____