



**ST. PIUS X
CATHOLIC HIGH SCHOOL**

**2674 Johnson Road, N.E.
Atlanta, GA 30345**

Attach
A
Wallet Size
Photo Here



Office Use Only

Check # _____

Student ID # _____

St. Pius X High School Admissions Application

Legal Name _____

Last

First

Middle

Name Called

Address _____

Street

City

State

Zip

County

Gender _____ Phone _____ Religion _____ Parish _____

Birth Date _____ Ethnicity _____ Social Security _____

Applying for Grade _____ School Currently Attending _____

Nearest Public High School _____ Language spoken at home _____

Father/Stepfather/Guardian (circle one)

Mother/Stepmother/Guardian (circle one)

Name _____

Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Home Phone _____

Home Phone _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

Primary Family Email Address _____

Parents are: Residing Together Divorced Separated Deceased: Mother or Father

Applicant resides with (check all that apply) Mother Father Step-Father Step Mother Guardian

In a divorced or separated family, who is the primary legal custodian?

Names of Brothers and Sisters:

<u>Name</u>	<u>Age</u>	<u>School</u>

Names of family members who attended St. Pius X. List only father, mother, brothers and sisters.

<u>Name</u>	<u>Relationship</u>	<u>Graduation Year</u>

List all schools attended beginning with kindergarten through your present school.

<u>Year</u>	<u>Grade(s)</u>	<u>School</u>	<u>Location (include mailing address if not in Atlanta)</u>

Please check and explain the following items.

Has the applicant ever been put on probation, suspended, or dismissed from school for disciplinary and/or academic reasons? No _____ Yes _____ (If yes, please attach details including the name of the school and year.)

Has the applicant undergone an individual psycho-educational test battery such as one used for diagnosing learning or emotional difficulties? No _____ Yes _____ (If yes, please enclose a copy of the report if testing was done if grades 6 – 8.)

STATEMENT OF ACCURACY AND AUTHENTICITY:

I have read and understood this application. I certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to St. Pius any changes contained herein even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy or omission of information, the school reserves the right to reconsider the admission of the applicant.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

APPLICANT RESPONSE

Print Full Name _____

First

Middle

Last

In order to help the St. Pius Admissions Committee learn more about your interests and abilities, please answer the following questions. If the spaces provided are not adequate for your answer, you may use a separate sheet of paper. Please complete all questions in your own handwriting.

1. What extracurricular activities, in and/or out of school are most important to you? Why?

2. If you have any special recognition or awards for performance or service in any (academics, arts, music, sports, scouting, church, etc.), please describe.

3. What book, article, movie, play or single event has strongly impressed you in recent years? Why?

TRANSCRIPT REQUEST FORM

ADMINISTRATOR/COUNSELOR EVALUATION

DIRECTIONS FOR PARENTS: This form may be used for application to Blessed Trinity Catholic High School, Marist School, Our Lady of Mercy Catholic High School, and St. Pius X Catholic High School. Indicate to your current school where to send documentation and this evaluation.

DIRECTIONS FOR SCHOOL: Please make a copy of the original and send this form along with documentation to each school as directed by parents. Retain original in student file.

TO _____ SCHOOL _____
Name of Principal or Registrar

I hereby authorize you to release the requested records of my child to Blessed Trinity Catholic High School, Marist School, Our Lady of Mercy Catholic High School, and St. Pius X Catholic High School. I waive any right of access to all information from any source in conjunction with my child's application to a school named above.

Parent or Guardian Signature

Date

NAME OF STUDENT _____ CURRENT GRADE _____

Records to be released: (check one)

- SEVENTH-GRADE APPLICANT (MARIST SCHOOL ONLY): transcripts and standardized test scores for grades 4, 5 and through semester 1 of grade 6 and complete discipline record
- NINTH-GRADE APPLICANT: transcripts and standardized test scores for grades 6, 7 and through semester 1 of grade 8 and complete discipline record
- UPPER-GRADE APPLICANT: official transcripts and standardized test scores and complete discipline record

PRINCIPAL'S EVALUATION

Has this student ever committed a major infraction(s), been suspended, or appeared before your Discipline Committee?

YES NO IF YES, PLEASE COMMENT _____

If applicable, does this family pay tuition in a timely manner?

YES NO N/A

LANGUAGE ARTS TEACHER EVALUATION

DIRECTIONS FOR PARENTS: This confidential form may be used for application to Blessed Trinity Catholic High School, Marist School, Our Lady of Mercy Catholic High School, and St. Pius X Catholic High School. Indicate to your current school where to send this evaluation. This confidential evaluation will only be viewed by the Admissions Committee of each school to which your child is applying.

DIRECTIONS FOR SCHOOL: Please make a copy of the original and send to each school as directed by parents. Retain original in student file.

STUDENT'S NAME _____ CURRENT GRADE _____

TEACHER'S NAME _____ CURRENT SCHOOL _____

Please evaluate the candidate in the following areas by placing a check in the appropriate column.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
READING ABILITY					
WRITTEN EXPRESSION					
ORAL EXPRESSION					
CREATIVITY					
COMPLETION/QUALITY OF HOMEWORK					
EFFORT/DETERMINATION					
CLASSROOM CONDUCT					
ORGANIZATIONAL ABILITY					
PERSONAL INITIATIVE					
CLASSROOM LEADERSHIP					
HONESTY/INTEGRITY					
CONCERN FOR OTHERS					
RESPECT BY FACULTY					

Is there a disparity between ability and performance?

YES NO If yes, identify behaviors associated with disparity _____

Will student likely need extra help? YES NO

Check special accommodations that you provide for this student (if any):

Extended time for tests Reduction in assignments Preferential seating Individualized Educational Plan (IEP)

Repetition of concepts/assignments Organizational help Tutoring

Other (Please specify) _____

Please turn over

In which areas is this student likely to be successful in Language Arts?

In which areas do you feel this student needs improvement in Language Arts?

Comments concerning the applicant’s class performance, conduct, participation, and prospect for success.

Please compare the applicant to his or her entire class by placing a check in the appropriate column.

	EXTRAORDINARY (TOP 1%)	EXCELLENT (TOP 10%)	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
ACADEMICALLY					
CHARACTER					

In your professional opinion, would you recommend this applicant for a demanding college preparatory curriculum? (check one box)

- Yes, with enthusiasm
 Yes
 Yes, with reservations
 No

Thank you for the time and effort you have taken in completing this evaluation.

Printed Name of Person Completing Form Title

Signature Date

ATTACH DOCUMENTATION AND MAIL TO:

Blessed Trinity High School Admissions Office 11320 Woodstock Road Roswell, GA 30075	Marist School Admissions Office 3790 Ashford Dunwoody Road, NE Atlanta, GA 30319-1899	Our Lady of Mercy High School Admissions Office 861 Highway 279 Fairburn, GA 30213	St. Pius X High School Admissions Office 2674 Johnson Road, NE Atlanta, GA 30345-1799
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MATHEMATICS TEACHER EVALUATION

DIRECTIONS FOR PARENTS: This confidential form may be used for application to Blessed Trinity Catholic High School, Marist School, Our Lady of Mercy Catholic High School, and St. Pius X Catholic High School. Indicate to your current school where to send this evaluation. This confidential evaluation will only be viewed by the Admissions Committee of each school to which your child is applying.

DIRECTIONS FOR SCHOOL: Please make a copy of the original and send to each school as directed by parents. Retain original in student file.

STUDENT'S NAME _____ CURRENT GRADE _____

TEACHER'S NAME _____ CURRENT SCHOOL _____

Please evaluate the candidate in the following areas by placing a check in the appropriate column.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
COMPUTATIONAL SKILLS					
PROBLEM SOLVING					
GRASP OF NEW CONCEPTS					
COMPLETION/QUALITY OF HOMEWORK					
EFFORT/DETERMINATION					
CLASSROOM CONDUCT					
ORGANIZATIONAL ABILITY					
PERSONAL INITIATIVE					
CLASSROOM LEADERSHIP					
HONESTY/INTEGRITY					
CONCERN FOR OTHERS					
RESPECT BY FACULTY					

Is there a disparity between ability and performance?

YES NO If yes, identify behaviors associated with disparity _____

Will student likely need extra help? YES NO

Check special accommodations that you provide for this student (if any):

Extended time for tests Reduction in assignments Preferential seating Individualized Educational Plan (IEP)

Repetition of concepts/assignments Organizational help Tutoring

Other (Please specify) _____

