



St. John Eudes School

9925 Mason Avenue, Chatsworth, CA 91311

(818) 341-1454

www.school.stjohneudes.org

APPLICATION FOR KINDERGARTEN 2017– 2018

Thank you for your interest in St. John Eudes School. Please return the following with your application:

1. Copy of Birth Certificate
2. Copy of Baptismal Certificate
3. \$75 Application Fee per Student (non-refundable)

All of the above items have to be returned with the filled out application form before the applicant's assessment and family interview can be scheduled. You will be notified of the date and time for the assessment and interview.

Based upon placement assessment, priority will be given to applicants who:

- Results of Assessments
- Siblings of current families
- Baptized
- Active in ministry at St. John Eudes
- Are registered parishioners in St. John Eudes and support the church through the envelope system
- Are active members of another Catholic parish

Students entering Kindergarten MUST be FIVE years old before September 1.

APPLICATION DOES NOT GUARANTEE ACCEPTANCE



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FOR OFFICE USE ONLY:

Received On: _____

Testing Date: _____

Interview Date: _____

KINDERGARTEN APPLICATION FORM

Please **PRINT** and **COMPLETE** all information

Child's Name: _____ Gender: Male Female
(First) (Last)

Address _____ Home No. _____
(Street Address) (City) (State) (Zip Code)

Date of Birth _____ Place of Birth _____

Date of Baptism _____ Church _____

Date of First Communion _____ Church _____

Previous School(s) Attended _____ Grade(s) _____

School Now Attending _____ Grade _____

Primary Language Spoken at Home _____

Father's Name _____ Religion _____ Occupation _____
(First) (Last)

Father's Work No. _____ Father's Cell No. _____ E-mail Address _____

Mother's Name _____ Religion _____ Occupation _____
(First) (Last)

Mother's Work No. _____ Mother's Cell No. _____ E-mail Address _____

Parents: Married Married in Catholic Church Divorced Separated Widowed

Is your child attending St. John Eudes Religious Education Classes? _____

How long has your child attended Religious Education Classes? _____

Do you belong to St. John Eudes Parish? _____ If yes, for how long? _____

Are you registered? _____ Do you use church envelopes? _____ Envelope No. _____

Do you belong to another church/parish? _____ If yes, which church/parish? _____

Are you applying for other grades in SJE? _____ If yes, which grades? _____

Are you applying at other schools? If yes, where? _____

If your other child/ren is not accepted, would you still want this child (applicant) to attend SJE? _____

Are you involved in any Parish Ministry? _____ If yes, which ministry? _____

OFFICE USE ONLY: Application Fee _____ Date Pd. _____ Cash OR # _____ Check No. _____



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ACADEMIC AND CHARACTER REFERENCE FORM

For the Parents/Guardian: As part of the admission process at St. John Eudes School, we require an assessment of the applicant. Please fill in the upper portion and *give this form to your child's teacher or principal*. He/she should mail this form back to St. John Eudes School in a sealed envelope.

NAME OF APPLICANT _____
(First) (Middle) (Last)

APPLYING FOR GRADE _____ IN SEPTEMBER, _____.

PRESENT GRADE _____ PRESENT SCHOOL _____

PRESENT SCHOOL'S ADDRESS _____

SIGNATURE OF PARENT/GUARDIAN _____

Please DO NOT write below this line. This portion is TO BE FILLED OUT by applicant's PRESENT SCHOOL only.

For the Teacher/Principal of Applicant's Present School: Thank you for your assistance. Your remarks will be kept in strict confidence and your sincerity will be greatly appreciated. *Please fill out this form and mail it as soon as possible to:*

MRS. BARBARA DANOWITZ, Principal
ST. JOHN EUDES SCHOOL
9925 Mason Avenue
Chatsworth, CA 91311

EXCELLENT GOOD AVERAGE BELOW AVERAGE

ACADEMIC ASSESSMENT

Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens Attentively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHARACTER ASSESSMENT

Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please see OVER)

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Has the applicant's home environment been a positive force in his/her development?
If yes, please explain _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If this child were to re-apply to your school, would you grant acceptance? | <input type="checkbox"/> | <input type="checkbox"/> |

Please check **two** of the following, if applicable:

- _____ Parent/Guardian meets financial obligations.
- _____ Parent/Guardian needs special consideration with financial arrangements.
- _____ Parent/Guardian fails to meet financial obligations.
- _____ Parent/Guardian supports school-sponsored activities.
- _____ Parent/Guardian does not support school-sponsored activities.

Form Completed By (PLEASE PRINT): _____ Title: _____

Signature: _____ Date: _____

Daytime Phone No. _____

Thank you for your help. Please put this form in a **sealed envelope** and mail it **directly** to:

MRS. BARBARA DANOWITZ
ST. JOHN EUDES SCHOOL
9925 Mason Avenue
Chatsworth, CA 91311



St. John Eudes School

KINDERGARTEN PARENT QUESTIONNAIRE

Child's Full Name _____
(First) (Middle) (Last)

Address _____

Phone No. _____ Birth date _____

Other Children in the Family	Age	Grade/School
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOCIAL EXPERIENCES

1. Has your child attended pre-school? _____ If yes, how long? _____
 What pre-school has your child attended? _____
2. Has your child attended the Sunday Pre-School Program? _____ If yes, how long? _____
3. Does your child attend church with you? _____
4. Please check the places your child has visited:

<input type="checkbox"/> library	<input type="checkbox"/> farm	<input type="checkbox"/> factory	<input type="checkbox"/> mountains	<input type="checkbox"/> country fair
<input type="checkbox"/> ocean	<input type="checkbox"/> museum	<input type="checkbox"/> airport	<input type="checkbox"/> downtown	<input type="checkbox"/> zoo
5. Where has your child traveled? _____

6. How has your child traveled? _____
7. Does your child play quietly or actively? _____
8. Does your child play mostly by himself/herself? _____
9. What activities does your child enjoy outdoors? _____
10. Does your child enjoy watching television? _____
11. What programs are his/her favorites? _____
12. What activities does your child enjoy indoors? _____
13. Does your child enjoy books? _____ If yes, what is his/her favorite? _____
14. Do you read to your child? _____ How often? _____
15. Is your child able to remember songs or rhymes? _____
16. Has your child had experience with paints? _____ Crayons? _____ Scissors? _____

DEVELOPMENT

1. Does your child have any health problems the school should be aware of? _____ If yes, what problems?
 Please explain. _____

(Please see OVER)

