



*St. John Eudes School*

9925 Mason Avenue, Chatsworth, CA 91311

(818) 341-1454

www.school.stjohneudes.org

## **APPLICATION FOR KINDERGARTEN 2020 – 2021**

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 and  
MUST HAVE attended a PRE-SCHOOL***

***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. LIZETTE STROM
ST. JOHN EUDES SCHOOL
9925 Mason Avenue
Chatsworth, CA 91311

EXCELLENT GOOD AVERAGE BELOW AVERAGE

ACADEMIC ASSESSMENT

Table with 4 columns (EXCELLENT, GOOD, AVERAGE, BELOW AVERAGE) and 7 rows (Attendance, Academic Achievement, Completes Class work, Completes Homework, Works Independently, Listens Attentively)

CHARACTER ASSESSMENT

Table with 4 columns (EXCELLENT, GOOD, AVERAGE, BELOW AVERAGE) and 8 rows (Concern for Others, Leadership, Self-Confidence, Emotional Maturity, Self-Discipline, Personal Initiative, Ability to Work with Others, General Conduct)

(Please see OVER)

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 1. Has the applicant's home environment been a positive force in his/her development?<br>If yes, please explain _____<br>_____ | <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. LIZETTE STROM**  
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**

- Has your child attended pre-school? \_\_\_\_\_ If yes, how long? \_\_\_\_\_  
What pre-school has your child attended? \_\_\_\_\_
- Has your child attended the Sunday Pre-School Program? \_\_\_\_\_ If yes, how long? \_\_\_\_\_
- Does your child attend church with you? \_\_\_\_\_
- Please check the places your child has visited:  
 library       farm       factory       mountains       country fair  
 ocean       museum       airport       downtown       zoo
- Where has your child traveled? \_\_\_\_\_  
\_\_\_\_\_
- How has your child traveled? \_\_\_\_\_
- Does your child play quietly or actively? \_\_\_\_\_
- Does your child play mostly by himself/herself? \_\_\_\_\_
- What activities does your child enjoy outdoors? \_\_\_\_\_
- Does your child enjoy watching television? \_\_\_\_\_
- What programs are his/her favorites? \_\_\_\_\_
- What activities does your child enjoy indoors? \_\_\_\_\_
- Does your child enjoy books? \_\_\_\_\_ If yes, what is his/her favorite? \_\_\_\_\_
- Do you read to your child? \_\_\_\_\_ How often? \_\_\_\_\_
- Is your child able to remember songs or rhymes? \_\_\_\_\_
- Has your child had experience with paints? \_\_\_\_\_ Crayons? \_\_\_\_\_ Scissors? \_\_\_\_\_

**DEVELOPMENT**

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

*(Please see OVER)*

2. Does your child have any food allergies? \_\_\_\_\_
3. At what age did your child walk alone? \_\_\_\_\_ Feed self? \_\_\_\_\_ Talk in sentences? \_\_\_\_\_
4. Is your child right-handed or left-handed? \_\_\_\_\_
5. Does your child dress himself/herself? \_\_\_\_\_
6. Please check what your child can do:  
 button                       tie shoes                       snap                       zip                       lace shoes
7. Is your child able to skip? \_\_\_\_\_
8. Is your child able to write his/her first name? \_\_\_\_\_
9. Is your child aware of dangers such as fire? \_\_\_\_\_ electricity? \_\_\_\_\_ traffic? \_\_\_\_\_ strangers? \_\_\_\_\_
10. How do you discipline your child? \_\_\_\_\_
11. How do you expect your child to be disciplined in school? \_\_\_\_\_
12. Can your child take care of his/her toilet needs? \_\_\_\_\_
13. Does your child wet the bed? \_\_\_\_\_ Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Rarely
14. Check the characteristics that apply to your child:  
 Cries easily                       Whines                       Sulks                       Jealous  
 Temper Tantrums                       Fearful in new situations                       Destructive                       Daydreams  
 Eating problems                       Bites nails                       Easily Angered                       Sucks thumb  
 Does not like to share                       Sleeping problems                       None of these
15. Describe your child \_\_\_\_\_  
 \_\_\_\_\_
16. What is your child's strength? \_\_\_\_\_
17. What is your child's weakness? \_\_\_\_\_
18. What is your child's bedtime? \_\_\_\_\_
19. How many hours of sleep does your child get each night? \_\_\_\_\_
20. Does your child take a nap? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

**SCHOOL ADJUSTMENT**

**YES**

**NO**

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | Is your child able to sit still and listen to a story for 5 – 10 minutes?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Does your child listen without interrupting while someone else talks?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is your child able to share and take turns?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Does your child know his/her telephone number?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Does your child know his/her home address?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | What do you expect your child to acquire through the Kindergarten experience? _____<br>_____ |                          |                          |
| 7. | What language/s is spoken at your home? _____  |                          |                          |
| 8. | What would you like your child to learn concerning his/her religion? _____<br>_____          |                          |                          |
| 9. | What else would you like your child's teacher to know about your child? _____<br>_____       |                          |                          |

