



St. John Eudes School

9925 Mason Avenue, Chatsworth, CA 91311

(818) 341-1454

www.sjeschool.net

APPLICATION FOR KINDERGARTEN 2021 – 2022

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. \$100 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 6 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?
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. 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 _____

Table with 3 columns: Other Children in the Family, Age, Grade/School. Includes three rows of blank lines for data entry.

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: library, farm, factory, mountains, country fair, ocean, museum, airport, downtown, 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)

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? _____
_____ | | |
| 7. | What language/s is spoken at your home? _____ | | |
| 8. | What would you like your child to learn concerning his/her religion? _____
_____ | | |
| 9. | What else would you like your child's teacher to know about your child? _____
_____ | | |

BEFORE AND AFTER SCHOOL CARE

- 1. Do you plan to enroll your child in the Morning Extended Day Program? _____ Arrival Time _____
- 2. Do you plan to enroll your child in the After School Extended Day Program? _____ Pick-up Time _____

Why do you want your child in a parochial school?

Our philosophy is that the parents are the primary educators of their children. They reflect some of the values of the school which you would be expected to share. Please initial the following statements.

	FATHER	MOTHER
1. I will strive to witness my faith by my Christian behavior, attendance at church and help my child form Christian values.	_____	_____
2. I will teach my child that choices have consequences and help him/her to grow in self-discipline.	_____	_____
3. I will support the school policies and regulations.	_____	_____

Each year, we have more applicants than we can accommodate.
 Please understand that we often turn away children
 and families we would love to take.

Thank you for your understanding and may God bless you.