



St. John Eudes School

9925 Mason Avenue, Chatsworth, CA 91311

(818) 341-1454

www.sjeschool.net

APPLICATION FOR TRANSITIONAL KINDERGARTEN (TK) 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 Transitional Kindergarten (TK) MUST be FOUR years old before September 1.

APPLICATION DOES NOT GUARANTEE ACCEPTANCE



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FOR OFFICE USE ONLY:

Received On: _____

Testing Date: _____

Interview Date: _____

TRANSITIONAL KINDERGARTEN (TK) APPLICATION FORM

Please PRINT and COMPLETE all information

Child's Name: _____ Gender: Male Female

Address _____ Home No. _____

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 _____

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

Mother's Name _____ Religion _____ Occupation _____

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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TK 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:

<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
- 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? _____
_____ | | |
| 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? _____
_____ | | |

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PRE-SCHOOL TEACHER/PRINCIPAL EVALUATION 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 CURRENT pre-school teacher or principal. He/she should mail this form back to St. John Eudes School in a sealed envelope. Recommendations returned by parents or students will NOT be accepted. The student's application will not be processed without this form completed.

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

APPLYING FOR GRADE _____ IN SEPTEMBER, _____.

CURRENT GRADE _____ CURRENT SCHOOL _____

CURRENT 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 Pre-School Teacher/Principal of Applicant's CURRENT 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 with the applicant's most recent Progress Report, as soon as possible to:

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

Table with 5 columns: Evaluation criteria (Works independently, Self control, Listens attentively, Classroom conduct, Cooperation with adults, Cooperation with peers, Attendance record, Tardy record) and 4 columns: EXCELLENT, GOOD, AVERAGE, BELOW AVERAGE.

Comments: _____

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

Signature: _____ Date: _____

Daytime Phone No. _____

THIS SECTION IS TO BE FILLED OUT BY THE APPLICANT'S CURRENT SCHOOL:

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.

Principal's PRINTED name and SIGNATURE _____

Telephone No. _____ Date _____