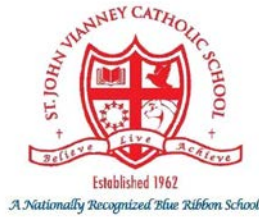


# St. John Vianney Catholic School



## Request for Student Information Student Entering Kindergarten

**I give permission for this form to be completed and returned to  
St. John Vianney Catholic School.**

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### Signature of Parent/Guardian for Authorization

Student Name \_\_\_\_\_

The above named student has applied for kindergarten registration at St. John Vianney Catholic School. In order to better evaluate this student's readiness for kindergarten, we would appreciate your input. Please advise us of any relevant information concerning the child's pre-school progress (e.g. personal observations, specific strengths or weaknesses, notable accomplishments, etc.) Please indicate by check (✓) those areas where the child has demonstrated readiness.

- |  |   |
|--|---|
| <input type="checkbox"/> LANGUAGE SKILLS   | <input type="checkbox"/> PLAY                           |
| <input type="checkbox"/> READING READINESS | <input type="checkbox"/> SOCIAL & EMOTIONAL DEVELOPMENT |
| <input type="checkbox"/> WRITING READINESS | <input type="checkbox"/> CHILD/ADULT RELATIONSHIPS      |
| <input type="checkbox"/> MATH READINESS    | <input type="checkbox"/> PEER RELATIONSHIPS             |

Do you feel this student is ready for kindergarten?

- RECOMMEND  
 RECOMMEND WITH RESERVATIONS  
 DO NOT RECOMMEND

Comments:

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**Signature of Teacher or Administrator**

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**Print Name**

**Name and address of preschool:**

PLEASE RETURN BY FAX OR MAIL TO:  
ST. JOHN VIANNEY CATHOLIC SCHOOL  
6200 S. Orange Blossom Trail f Orlando, FL 32809  
Phone 407-855-4660 f Fax 407-857-7932  
Email SJVS@SJVS.ORG