

St. John Vianney Catholic School

6200 South Orange Blossom Trail ♦ Orlando, Florida 32809
407.855.4660 ♦ FAX 407.857.7932

Request for Student Information Student Entering Kindergarten

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

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:

Signature of Teacher or Administrator

Date

Name and address of preschool:

PLEASE RETURN TO ST. JOHN VIANNEY SCHOOL BY MAIL OR FAX