

Learning today... Leading tomorrow... Aprendiendo hoy... Dirigiendo mañana...

## 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's Name:	
Current School Name and Address:	
The above named student has applied for kin	udorgarton registration at St. John Viannov Catholic School
In order to better evaluate this student's read	dergarten registration at St. John Vianney Catholic School. diness for kindergarten, we would appreciate your input. concerning this child's pre-school progress (e.g. personal es, notable accomplishments, etc.).
Please indicate by check (✓) those areas whe	ere the child has demonstrated readiness.
☐ LANGUAGE SKILLS [	□ PLAY
☐ READING READINESS [	☐ SOCIAL & EMOCIONAL DEVELOPMENT
	☐ CHILD/ADULT RELATIONSHIPS
☐ MATH READINESS [	☐ PEER RELANTIONSHIPS
Do you feel this student is ready for kinderga	rten?
☐ RECOMMEND	
☐ RECOMMEND WITH RESERVATION	S
☐ DO NOT RECOMMEND	
Comments:	
Signature of Teacher or Administrator	Print Name
PLEASE RETURN BY MAIL, FAX OR EMAIL TO:	St. John Vianney Catholic School 6200 S. Orange Blossom Trail Orlando, FL 32809

Mission Statement: St. John Vianney Catholic School, a ministry of St. John Vianney parish, is a communion of cultures united in the love of Christ, where through prayer, spiritual and academic formation, and service, students are empowered to reach their full academic and spiritual potential in a diverse world.

Fax: 407-857-7932; Email: sjvs@sjvs.org