

Application Checklist

19 Chestnut Street
Peabody, Massachusetts 01960
Phone: 978-531-0444
Fax: 978-531-3569
www.stjohns-peabody.com



Admissions—Ext. 340

ITEMS TO BE RETURNED TO SCHOOL FOR PRESCHOOL - GRADE 1

1. Application along with your non-refundable application fee of \$75.00.
2. Birth Certificate. A copy is fine.
3. Baptismal Certificate. If applicable. A copy is fine.
4. Health Forms. A health record, including immunizations should be returned as soon as possible.

ITEMS TO BE RETURNED TO SCHOOL FOR GRADES 2-8

1. Application along with your non-refundable application fee of \$75.00.
2. Birth Certificate. A copy is fine.
3. Baptismal Certificate. If applicable. A copy is fine.
4. Health Forms. A health record, including immunizations should be returned as soon as possible.
5. Student Evaluation Form (To be given to current teacher)
6. Copy of Most Current Report Card
7. Student Essay: "Why I Want to Come to St. John School"
8. School Visit by Student
9. Interview with Student and Parent

All above forms must be received before acceptance for all students in 3 year old program through Grade 8.

2015-2016 Application

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Date of Application _____ **Grade Applying for** _____

3 Year Old Preference: 2 day half full 3 day half full 5 day half full

4 Year Old Preference: 3 day half full 5 day half full **5 Year Old Program:** full day

Child:

Complete Name: _____
(Last) (First) (Middle)

Address: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Place of Birth: _____

Male: ___ Female: ___ Family e-mail address: _____

Were you referred by a current St. John School family? Yes _____ Name: _____ No _____

Current Grade: _____ School Transferring from: _____

Address of School: _____ Phone: _____

Has your child ever repeated a grade in school? Yes No If yes, what grade did he/she repeat? _____

For what reason(s) was retention recommended? _____

Date of Baptism: _____ Church: _____ City: _____

Date of Penance: _____ Church: _____ City: _____

Date of Communion: _____ Church: _____ City: _____

In which faith is your child being raised? _____

Father:

Complete Name: _____
(Last) (First) (Middle)

Address: _____ Email: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Birthplace: _____ Religion: _____

Occupation: _____ Place of Employment: _____

Mother:

Complete Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____ Email: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Birthplace: _____ Religion: _____

Occupation: _____ Place of Employment: _____

(over)

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

Legal Guardian(s) name (if other than parents): _____

Address: _____ Zip: _____

Are you a registered member of St. John the Baptist Parish? Yes No Envelope # _____

If "NO" please write the name and location of your church: _____

Denomination: _____

Do you have other children who attended St. John the Baptist School?

Name: _____ Grade: _____

Name: _____ Grade: _____

Why did you select St. John the Baptist School for your child? _____

Are you or any family member (s) a graduate of St. John the Baptist School?

Name: _____ Year of Graduation: _____

Name: _____ Year of Graduation: _____

All language(s) spoken in the home: _____

What is your child's native language (first language)? English Portuguese Greek French Spanish

Khmer Russian Haitian/Creole Vietnamese OTHER: _____

Has your child ever had a **speech or language evaluation, physical/occupation evaluation, or an educational evaluation?** Yes No "YES": Please indicate all that apply and please provide a copy of the report:

Speech or Language Physical / Occupational Educational

When? _____ Where? _____

Was therapy recommended as a result of this evaluation? _____

Were Services Provided? _____ By Whom? _____

Will your child require therapy while attending St. John the Baptist School? _____

Comments: _____

Health: Are your child's immunizations up-to-date? Yes No **Please include updated health records**

SCHOOL OFFICE USE ONLY

Application Fee: _____

Birth Certificate: _____ Baptism Certificate: _____ Health/Immunization: _____ Report Card: _____ Teacher Eval: _____

Interview: _____ Shadow: _____ Screening: _____

Accept: _____ By _____ Tuition Group: _____ Agreement: _____ Placement: _____ Records Rec'd: _____

Notes: _____

SAINT JOHN THE BAPTIST SCHOOL

PERMISSION TO RELEASE STUDENT EVALUATION

Part of the application process at Saint John the Baptist School includes gathering information from your child's current school. This enables us to make an informed decision about what would be a successful and comfortable experience for your child. One portion of this information gathering is having your child's current teacher complete the attached Student Evaluation Form. All information gathered for the purpose of admissions is confidential and does not become part of the child's permanent record file.

After signing the permission slip at the bottom of this page, please give this form and the two-sided Student Evaluation form to your child's current teacher. An application cannot be processed without these completed forms. Please ask your child's current teacher to return it as soon as possible to:

Kathy Trainor, Admissions Office
Saint John the Baptist School
19 Chestnut St.
Peabody, MA 01960

Name/Address of Current School

_____ is applying to Saint John the Baptist School. I give permission for my child's current teacher to complete the Student Evaluation Form. I understand that these forms are confidential, are mailed directly to Saint John the Baptist School, are read only by the Principal and Faculty and do not become part of the applicant's permanent school records.

Parent Signature

Date

Please return as soon as possible to: Admissions Office, Saint John the Baptist School
19 Chestnut St., Peabody, MA 01960

STUDENT EVALUATION
For candidates to Elementary (Grade 2 & above)/Middle School

Student _____ Date of Birth _____ Current Grade _____

School _____ School Phone (_____) _____

School Address _____ City/State/Zip _____

Teacher (s) _____ Relationship to student _____

Class size _____ Length of relationship _____ yrs. _____ mos.

TO THE TEACHER: We greatly value the perspective of the educators who work with our candidates on a daily basis. Your frank observations and descriptions are reviewed with the full awareness that young people are constantly changing and developing. Your responses on this form will be kept confidence and used for admissions purposes only. We strongly encourage the additional attachment of any mid-year evaluations that have been provided to the parents. Together with our admissions evaluations, these materials will be used to help inform a thoughtful enrollment decision.

(PLEASE CHECK ANYWHERE ALONG THE CONTINUUM.)

CLASSROOM CHARACTERISTICS	NOT YET	SOMETIMES	OFTEN	CONSISTENTLY	WITH STRENGTH
Responds with kindness/consideration to others					
Works cooperatively in groups					
Exhibits self-reliance away from adults					
Demonstrates leadership initiative					
Follows positive influence					
Resists negative influence					
Exhibits appropriate focus in work/activity					
Demonstrates persistence in learning					
Makes good use of time					
Follows directions					
Organizes self/materials					
Assumes responsibility for homework					
Works independently					
Takes pride in accomplishments					
Respects classroom routines					
Exhibits self-confidence					
Enjoys new activities					
Responds positively to suggestion/request					
Listens in a group					
Exhibits self-control					
Contributes to group discussion					
Expresses ideas appropriately					
Demonstrates creativity					
Takes risk with work					
Enjoys reading for pleasure					

Please comment on this student's: Motivation and interest in learning _____

Organization of time and work _____

Ability to work and contribute to group assignments _____

General relationships with peers and adults _____

INDIVIDUAL CHARACTERISTICS

(Please check anywhere along the continuum.)

<i>Social Maturity</i>	_____	YOUNG	AGE APPROPRIATE	ADVANCED
<i>Written Expression</i>	_____	LIMITED	AGE APPROPRIATE	WELL DEVELOPED
<i>Handwriting</i>	_____	AVOIDS	PASSABLE	LEGIBLE
<i>Work Pace</i>	_____	SLOW	AGE APPROPRIATE	RUSHED
<i>Attention Span</i>	_____	DISTRACTIBLE	APPROPRIATE	HIGHLY FOCUSED

ACHIEVEMENT AND ATTITUDE

Please comment on the candidate's level of progress and achievement in the following areas. Add grades if applicable.

READING _____

SPELLING _____

COMPOSITION _____

MATH _____

SOCIAL STUDIES _____

SCIENCE _____

FOREIGN LANGUAGE _____

CREATIVE ARTS _____

ATHLETICS _____

If there is ability grouping in your program, please indicate this candidate's level...

in READING High ___ Medium ___ Low ___ in MATH High ___ Medium ___ Low ___

STANDARDIZED TESTING. Has this student taken any standardized testing in your program? Yes ___ No ___
If so, please attach this candidate's record of standardized aptitude and achievement scores.

OVERALL COMMENT. Please complete your responses with a narrative description, information or attachments that would help us to know this candidate; please include any strengths and weaknesses that should be noted:

PARENT INFORMATION. Please characterize parent cooperation and support for this student's school experience. Are parent goals realistic for this student?

SIGNATURE _____ DATE _____

Please list your number(s) if you would prefer to discuss this candidate by telephone.

DAY _____ EVENING _____