

# 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 and should be sent in as soon as possible.
3. Baptismal Certificate. A copy is fine and should be sent in as soon as possible.
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 and should be sent in as soon as possible.
3. Baptismal Certificate. A copy is fine and should be sent in as soon as possible.
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.

# 2012-2013 Application

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



Admissions--Ext. 340

**Date of Application** \_\_\_\_\_ **Grade Applying for** \_\_\_\_\_

**3 Year Old:**  2 day **4 Year Old Preference:**  3 day  5 day half day

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

**Child:**

Complete Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

**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 \_\_\_\_\_