



St. John Eudes School

9925 Mason Avenue, Chatsworth, CA 91311
(818) 341-1454
www.school.stjohnneudes.org

ACADEMIC AND CHARACTER REFERENCE FORM

For the Parents/Guardian: As part of the admission process at St. John Eudes School, we require an assessment of the applicant. Please fill in the upper portion and give this form to your child's teacher or principal. He/she should mail this form back to St. John Eudes School in a sealed envelope.

NAME OF APPLICANT _____
(First) (Middle) (Last)

APPLYING FOR GRADE _____ IN SEPTEMBER, _____.

PRESENT GRADE _____ PRESENT SCHOOL _____

PRESENT SCHOOL'S ADDRESS _____

SIGNATURE OF PARENT/GUARDIAN _____

Please DO NOT write below this line. This portion is TO BE FILLED OUT by applicant's PRESENT SCHOOL only.

For the Teacher/Principal of Applicant's Present School: Thank you for your assistance. Your remarks will be kept in strict confidence and your sincerity will be greatly appreciated. Please fill out this form and mail it as soon as possible to:

MRS. BARBARA DANOWITZ
ST. JOHN EUDES SCHOOL
9925 Mason Avenue
Chatsworth, CA 91311

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>AVERAGE</u>	<u>BELOW AVERAGE</u>
<u>ACADEMIC ASSESSMENT</u>				
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens Attentively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>CHARACTER ASSESSMENT</u>				
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Please see OVER)

- | | | <u>YES</u> | <u>NO</u> |
|----|---|--------------------------|--------------------------|
| 1. | Does the child have extraordinary health problems?
If yes, please explain _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Does the child have any disabilities that could affect performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Attention deficit?
If yes, please explain _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Has the applicant's home environment been a positive force in his/her development?
If yes, please explain _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | If this child were to re-apply to your school, would you grant acceptance? | <input type="checkbox"/> | <input type="checkbox"/> |

Please check **two** of the following, if applicable:

- _____ Parent/Guardian meets financial obligations.
- _____ Parent/Guardian needs special consideration with financial arrangements.
- _____ Parent/Guardian fails to meet financial obligations.
- _____ Parent/Guardian supports school-sponsored activities.
- _____ Parent/Guardian does not support school-sponsored activities.

Form Completed By (PLEASE PRINT): _____ Title: _____

Signature: _____ Date: _____

Daytime Phone No. _____

Thank you for your help. Please put this form in a **sealed envelope** and mail it **directly** to:

MRS. BARBARA DANOWITZ
ST. JOHN EUDES SCHOOL
9925 Mason Avenue
Chatsworth, CA 91311