



# ST. THOMAS THE APOSTLE CATHOLIC SCHOOL

*Nascantur in Admirazione*  
"Let Them Be Born in Wonder."

## ***KINDERGARTEN PRE-ADMISSION FORM***

Dear Administrator/Homeroom Teacher:

\_\_\_\_\_ has applied for admission to kindergarten at St. Thomas School. Please complete this form and return it as soon as possible. Thank you.

This child knows information about himself/herself (for example: full name, address, birthday.)      Yes      No      Uncertain

Does the child recognize:

    colors?      Yes      No      Uncertain

    numbers?      Yes      No      Uncertain

    some lower case letters?      Yes      No      Uncertain

    some upper case letters?      Yes      No      Uncertain

Does the child know how to:

    write his or her name?      Yes      No      Uncertain

    use scissors properly?      Yes      No      Uncertain

    draw recognizable pictures?      Yes      No      Uncertain

    put together puzzles?      Yes      No      Uncertain

Is the child consistent in:

    handedness?      Yes      No      Uncertain

    working left to right and top to bottom when appropriate?      Yes      No      Uncertain

Is the child able to:

    catch a ball?      Yes      No      Uncertain

    hop on one foot?      Yes      No      Uncertain

    descend stairs left foot – right foot      Yes      No      Uncertain

    follow simple directions?      Yes      No      Uncertain

    interact positively with peers?      Yes      No      Uncertain

    interact positively with adults?      Yes      No      Uncertain

    maintain self-control?      Yes      No      Uncertain

Do you feel this child is developmentally ready for an academic kindergarten? Y\_\_ N\_\_

Parental signature for releasing above information \_\_\_\_\_

Teacher signature \_\_\_\_\_

School Name \_\_\_\_\_ Phone Number \_\_\_\_\_