



St. Brendan School
Application for Kindergarten
2011-2012 School Year

Individual Evaluation Preference Form

Child's Name: _____

Birth Date: _____

Please mark the first category that applies to your family:

- A family who has children at St. Brendan School this year (2010-2011)
- A Catholic family who has been a registered contributing member of St. Brendan Parish for more than one year.
- A Catholic family who is a member of _____ Parish
- A family whose children are non-Catholic.

Please check *all days that are convenient* for you to come for the individual evaluation and meeting. Feel free to rank them in order of preference:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Friday</u>
	__ January 18	__ January 19	__ January 21
__ January 24	__ January 25	__ January 26	

- Please check **as many times as you can** for your 30 minute appointment. Feel free to rank them in order of preference.

8:30 am 9:00 am 9:30 am 10:00 am 10:30 am
 11:30 am 12:00 am 12:30 pm
 1:30 pm 2:00 pm 2:30 pm 3:00 pm 3:30 pm

- Special comments: _____

Parent's Signature