

Early Entrance to Kindergarten Parent Application Form

Child's Name _____ Birthdate _____

Address _____ City _____ Zip _____

Parent/Guardian 1 Name _____

Phone _____ Alt. Phone _____

Parent/Guardian 2 Name _____

Phone _____ Alt. Phone _____

Date Early Childhood Screening _____

(attach Early Childhood Screening Summary to this form)

Preschool or child care history (list all applicable information)

Name of school requesting for early entrance _____

Please answer the following questions as completely as possible.

1. Why are you requesting early entrance to kindergarten for your child?

2. Describe the behaviors or accomplishments that lead you to believe your child should be considered for early entrance to kindergarten.

3. What are your child's strengths?
 - a. Academic

 - b. Behavioral

 - c. Social

4. What do you see as advantages and disadvantages of early entrance to kindergarten for your child?
 - a. Advantages

 - b. Disadvantages

5. How does your child feel about early entrance to kindergarten?

6. How do you see early entrance to kindergarten affecting your child in the future, including middle school, high school, and post secondary education?
 - a. Academically

 - b. Behaviorally

 - c. Socially

7. What else would you like us to know?

I consent to the completion of an evaluation by the school psychologist.

Parent/Guardian Signature

Date