



EDEN PRAIRIE SCHOOLS

Eden Prairie Early Entrance to Kindergarten Application

Please upload to earlyentranceadmission@edenpr.org by March 15.

Child's Name: _____ Gender: _____ Birth Date: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Attendance Area School: _____

School Requested if Different from Attendance Area School: _____

Parent/Guardian Work Phone: _____ Email: _____

Parent/Guardian Work Phone: _____ Email: _____

Developmental History

Sibling Name: _____ Age _____ Grade: _____ Gender: _____

Sibling Name: _____ Age _____ Grade: _____ Gender: _____

Sibling Name: _____ Age _____ Grade: _____ Gender: _____

Sibling Name: _____ Age _____ Grade: _____ Gender: _____

Please list all educational programs (preschools) your child has attended.

| Name of Program | Dates Attended | Hours / Week |
|--------------------|-------------------|--------------|
| Program: Phone: | From: / / to: / / | |
| Program: Phone: | From: / / to: / / | |
| Program: Phone: | From: / / to: / / | |

1. Please describe preschool type experience he/she has engaged in.

2. Please provide the contact information of someone who has worked with your child in a group setting.

Type of Setting: _____

Contact Name: _____ Phone: _____



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3. Please describe what makes your child a candidate for early entrance to kindergarten.

4. In what ways does your child show an eagerness to learn?

5. Describe how your child shares, takes turns, and plays socially with peers.

6. Describe how your child handles rules, routines, and new situations.

7. Is your child able to perform the following tasks independently? (circle your answer)

Dressing: Frequently Sometimes Rarely Does Not

Zippering: Frequently Sometimes Rarely Does Not

Tying: Frequently Sometimes Rarely Does Not

Toileting: Frequently Sometimes Rarely Does Not

Parent/Guardian Signature: _____ Date: _____

*Your signature indicates 1. your permission to contact the schools/people listed for additional information.
2. your permission for district testing.*