



## Early Admission to Kindergarten Parent Request Form

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Parents' Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Name of Preschool \_\_\_\_\_ Preschool Phone Number \_\_\_\_\_

Preschool Teacher Name \_\_\_\_\_

Preschool Address \_\_\_\_\_

Home School \_\_\_\_\_

I give my consent to Lake Zurich Community Unit School District 95 to administer the following tests and procedures to determine eligibility for early admission into Kindergarten.

- To attend Kindergarten screening.
- To administer The Test of Early Reading Ability (TERA-3), The Test of Early Written Language (TEWL-3) and the Test of Early Math Ability (TEMA-3) achievement tests as part of the preliminary screening.
- To administer the Wechsler Preschool & Primary Scale of Intelligence Fourth Edition (WPPSI-IV) if further testing is warranted, based on the preliminary screening.
- To contact my child's current preschool teacher.
- To observe my child in preschool.
- To allow my child to be interviewed by the District 95 Psychologist administering the tests and a District 95 Kindergarten teacher as well.

Since this early admission procedure exceeds State of Illinois requirements, I understand that the decision by the screening team is final.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date