D70 Early Entry Request Form

Name of Child _____

Date of Birth _____

Name of School /Program Child is Currently Attending _____

Name of Guardian / Parent Requesting Early Entry _____

Student's Address _____

Parent / Guardian Phone Number _____

Parent / Guardian Email_____

D70 School Child will attend

ADLER   BUTTERFIELD   COPELAND   ROCKLAND

Indicate what is being requesting by circling choice:
1. Early Entry to Kindergarten   2. Early Entry to First Grade

For Office Use	
Date Early Entry Request Form Received	
Date Readiness Level Survey Received	
Screening Date	
Review Conference Date	
Team Recommendation	
Date Confirmation Letter Sent	
Date Registration Began	
Registra Approved Registration	
End Date of Probationary Period	
Final Evaluation Conference Date	
Team Recommendation	