



Early Entrance to Kindergarten Application Form



Please complete this application if you feel that your child demonstrates academic achievement, social/emotional, motor, and physical maturity appropriate for kindergarten placement and should be considered for early entrance.

Determining your child's best placement is a process. Should the child not qualify for early kindergarten admittance we ask you to consider applying for district's Pre-K program.

STUDENT/FAMILY INFORMATION

Child's Name: _____ Gender (Circle one): M F

Birth Date: ____/____/____ Language Spoken at Home: _____

Home Address: _____
Street City State ZIP

Parent(s)/Guardian(s) Name: _____ Home School: _____

Relationship to Child: _____

Cell Phone #: _____ Home/Work Phone #: _____

PRESCHOOL/DAYCARE EXPERIENCE

List the preschools, Head Start, special programs, and other day care programs attended. Include the teacher name(s), dates of attendance and phone number.

Name of School/Program	Dates of Attendance (Month/Year – Month/Year)	Teacher	Phone Number

Why do you feel that your child would be ready for a kindergarten program? Comment on your child's social behavior and academic skills. (Use additional paper and attach, if needed.)

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Please return this form to the Teaching and Learning Department at Roseburg Public Schools District Office by: APRIL 30TH.

SEE REVERSE SIDE FOR MORE INFORMATION

Early Entrance to Kindergarten Process

1. Submit the application to Roseburg Public Schools Teaching and Learning Department (1419 NW Valley View Dr.) no later than April 30th.

PLEASE NOTE: *A child is only eligible to apply for Early Kindergarten Evaluation if he/she will reach their 5th birthday by Nov. 1st of the school year for which he/she is seeking enrollment.*

2. All assessments will be scheduled through the Teaching and Learning Department. Your application will be processed, and the appropriate assessment(s) and interviews will be administered by a school psychologist and/or other educational professional(s). There may be a fee to pay for the administration of assessments. The Teaching and Learning Department will contact you to coordinate this process.
3. The ***District Evaluation Team*** will review the results of the comprehensive evaluation and determine the most appropriate available learning environment for your child. You will be contacted to schedule an appointment to review the results of the assessments and determine next steps.

Consent for Early Kindergarten Readiness Evaluation

Child's Name: _____

By signing below, I give permission for my child to partake in the assessment process needed to determine readiness for early Kindergarten admittance. Participation in the assessment process does not qualify your child for automatic enrollment into any public-school placement. Instead, the results of the assessments will be used to support potential placement determination and eligibility for early enrollment options.

_____ **Yes, I give my consent. I understand there may be a fee to complete the testing.**

_____ **No, please do not include my child.**

Print Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date