



Early Entrance to Kindergarten Questionnaire

Children are eligible to be assessed for early entrance to Kindergarten if their birthdate falls between September 2, 2017 and October 31, 2017. Please return this completed questionnaire, a copy of your child's birth certificate and a check for \$125.00 made out to Stillwater Area Public Schools by May 1, 2022. If you decide not to have your child assessed, you may request a refund of \$100.00 (\$25.00 non-refundable). Mail to: Stillwater Area Public Schools, Attention: Dr. Jennifer Cherry, 1875 South Greeley Street, Stillwater, MN 55082.

Child's Name: _____ Verified _____
 Date Of Birth: _____

Parent/Guardian: _____ Telephone#: _____

Address: _____ City: _____ Zip: _____

Elementary School Area: _____ Alternate Placement: _____

1. List names and birth dates of brothers and/or sisters:

2. Is this child able to dress completely without help, except for tying shoes? Yes No

Including tying shoes? Yes No

Able to dress in winter clothing? Yes No

3. At what age: Did your child walk? _____

Talk? _____

Was toilet trained? _____

4. [Check {✓} one]:

Does your child prefer to play alone?

With one or two other children?

With a group of children?

5. [Answer with a number]:

How many of your child's playmates are already in school? _____

Entering kindergarten? _____

Still too young for school? _____

6. What are your child's favorite play activities with other children?

7. What stories has your child particularly enjoyed?

8. What are your child's favorite television programs?

9. In what family activities does your child like to participate?

10. Are there limitations to physical activities? If so, state reason.

11. Child's present height _____

Child's present weight _____

12. What have your child's preschool experiences been thus far?

13. If he/she has attended a nursery school or day care, list school's name, and number of years of attendance.

14. Please state the reasons why you wish your child to enter kindergarten early. Include your personal evaluation of your child's exceptional mental ability, and social and emotional maturity. Since you spend so much time with your child, your observations are important.

SIGNATURE: _____ **DATE:** _____

Parent/Guardian

- Special Note:** To be given consideration, please; Return completed questionnaire
 Attach a copy of a birth certificate
 Enclose a check for \$125.00
(if you qualify for Free/Reduced lunch, you can request a fee waiver).

Send these items **by May 1st** to: Stillwater Area Public Schools
Attention: Dr, Jennifer Cherry
1875 South Greeley Street
Stillwater, MN 55082