



Clark-Shawnee Local School District

APPLICATION FOR EARLY ENTRANCE TO KINDERGARTEN

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

Student/Family Information

Child's Name: \_\_\_\_\_ Gender: M F

Birth Date: \_\_\_/\_\_\_/\_\_\_ Language Spoken at Home: \_\_\_\_\_
Month Day Year

Home Address: \_\_\_\_\_
Street Address City State ZIP

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell 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.

Table with 4 columns: Name of School/Program, Teacher, Dates of Attendance, Phone Number. Two empty rows for data entry.

Why do you feel that your child would be ready for a kindergarten program? Comment on your child's social and academic skills.

Three horizontal lines for writing a response to the question above.

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Please return application, permission to assess, and checklist for review by April 10th to John Campbell, Gifted Coordinator, at the Board Office. Email: john.campbell@cslocal.org