

Application for Early Entrance Kindergarten

Please complete this application if you feel that your child demonstrates high levels of aptitude and ability and should be considered for early placement in kindergarten. Return the completed application to Mercer County Elementary School, 741 Tapp Rd. Harrodsburg, KY 40330, or email it to: Laurie.Freeman@mercer.kyschools.us . The application deadline is March 1st.

Child's Name _____ **Birthdate** _____
Last First MI

Address _____
Street City Zip Code State

Gender: Male Female **Ethnicity :** Asian @ Pacific Islander African American White Hispanic Two or more /Other

Parent/Guardian Name _____ **Phone: Home** _____ **Work** _____

Parent Email Address: _____

Preschool Experience

List the preschools or other child care programs attended. Include the dates of attendance and the approximate number of hours per week attended.

Name of School/ Program	Dates of Attendance	# Hours/ Week
_____	_____ - _____	_____
_____	_____ - _____	_____

Please complete the following checklist and questionnaire.

Parent Checklist

This checklist will help to determine your child's readiness to enter school at an early age. Please read each statement and indicate your child's abilities as listed below by checking the appropriate column.

	Frequently	Sometimes	None of the Time
Physical Well-Being and Motor Development			
Performs self-help tasks independently (dressing, undressing, zipping, and tying).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses eye/hand coordination to perform fine motor tasks (drawing, writing, and cutting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses balance and control to perform large motor task (walking, jumping, and skipping).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal and Social Development			
Shows eagerness to learn (curious and asks interesting questions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows rules and routines (cleans up his/her toys).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles change and transition (changing from play to a new activity) well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts and plays well with other children (plays board games with others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Parent Checklist (continued)

Frequently Sometimes None of the
Time

Language and Literacy

Listens for meaning in stories, discussions, and conversations.

Speaks clearly to share ideas and thoughts.

Can identify all letters.

Can sound out sight words phonetically.

Uses letters to write words.

Writes full name.

Can recognize numbers 0 -20 and use them in context.

Can read number words and count forward to 30.

Can recognize and extend simple patterns (circle -triangle, circle -triangle, circle -triangle).

Can recognize and describe shapes.

Recognizes self and others as having same and different characteristics.

Describes roles and responsibilities of people. (Firefighters put out fires).

Recognizes the reasons for rules.

Parent Questionnaire

Directions: Please answer each question below.

1. Why do you feel your child should be considered for early admission to kindergarten?

2. In what types of activities does your child participate and can he/she focus for an extended period of time?

Consent to Screen and/or Test for Early Entrance Admission to School

Child's Name: _____ Date of Birth: _____

SEEKING EARLY ENTRANCE FOR KINDERGARTEN

I give permission for an individual screening/assessment of my child. I understand that the screening/testing will be conducted by qualified District staff through the use of standardized intelligence tests, achievement tests, and rating skills. The assessment tools are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. Screenings shall be administered in the child's native language or other mode of communication.

I have been advised in my native language or other mode of communication and understand the contents of this consent.

Parent/guardian Signature Date

FOR DISTRICT USE ONLY

Date Received in Central Office _____

Requested school at or over cap size? Yes No

Child scored at the 96th percentile on the District approved screener? Yes No

Child scored at the 96th percentile on a standardized IQ test, behavior rating scale and standardized achievement test?
 Yes No

Comments: _____

EARLY ENROLLMENT Approved Not Approved

Principal Signature _____ **Date** _____