

Covington Independent Public Schools Early Entrance Request Form (Kindergarten)

Complete this application if you feel your child demonstrates academic achievement, social, emotional and physical maturity appropriate for early placement in school. **This request, along with the Consent to Screen form, must be delivered to the Elementary Director, 25 East 7th Street, Covington, KY 410141 by June 15 of the proposed entry year.**

Child's Name: _____
LAST
FIRST
MI

Date of Birth ____/____/____ Gender: ____ Male ____ Female

Address: _____
STREET
CITY
STATE
ZIP

Parent/Guardian Name (s): _____

Phone Numbers: _____
HOME
CELL
WORK

Email Address: _____

Home Language Survey

What language did your child learn when he or she first began to talk? _____
 What language is the most frequently spoken at home? _____
 What language does your child most frequently speak at home? _____
 What language do you most frequently speak to your child? _____

Preschool Experience

List the nursery schools, daycare centers, Head Start or other early childhood 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
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Why do you believe your child should be granted early admission to kindergarten? Be specific and comment on your child's social behavior and academic skills. (Attach up to one additional sheet if needed)

 Parent/Guardian Signature Date