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*Early Entrance to Kindergarten – Notice of Nomination*

Child's Name

DOB

Address

Boundary School

Parent #1

Phone/Email

Parent #2

Phone/Email

Child's Primary Language

Any previously identified learning needs?

As the parent/guardian of \_\_\_\_\_ I am interested in pursuing early entrance to kindergarten. I understand the following: (please read and initial)

- \_\_\_\_\_ The state-mandated minimum age requirement for entrance to kindergarten is age 5 years by August 31 of that school year. Early entrance to kindergarten requires I follow an exemption process which includes my child meeting admission criteria, submitting all required forms, and that acceptance is conditional.
- \_\_\_\_\_ All determinations made by the Early Kindergarten Entrance Committee are final and will not be subject to appeal.
- \_\_\_\_\_ My child must be evaluated by a state-licensed psychologist, and I am financially responsible for any fees associated with the assessment.
- \_\_\_\_\_ I agree to provide the district with all required documentation by the following *deadlines*:

June 7, 2024 with final determination shared by Jun 14, 2024

or

Aug 9, 2024 with final determination shared by Aug 16, 2024

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Parent/Guardian Signature

Date