

**PART III: TO BE COMPLETED BY CHILD'S PHYSICIAN (OPTIONAL)**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**To Physician:** The parents of this child have asked for an exception to the requirement that children must be five years old by August 31 of the school year in order to enter kindergarten or six years old by August 31 of the school year in order to enter first grade. In evaluating the ability of this child to handle school work and relationships, the school would appreciate any information you can contribute as a physician. In particular:

Dates or ages of developmental accomplishments.

Growth charts or recent measurements.

Results of any developmental assessments you may have done or have information about.

Your comments regarding this child's intellectual endowment, emotional maturity and stability, physical growth or anything else which you think will be helpful in making this judgement (please use back of page if necessary).

How have you known this child?

Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Date form completed: \_\_\_\_\_