

Greater Jasper Consolidated Schools
812-482-1801
www.gjcs.k12.in.us
812-482-3388



Ireland Phone: 812-482-7751
Ireland Fax: 812-482-7765

Jasper Phone: 812-556-3600
Ireland Fax: 812-481-5290

KINDERGARTEN EARLY ENTRANCE PROCEDURE

APPLICATION PROCEDURE

Parents wishing for their child to be considered for Early Entrance to Kindergarten must complete the following steps. There are no exceptions.

Applications for early entrance are available for download on the Greater Jasper Consolidated Schools website, or an application packet can be picked up from the school office.

When completing the application packet, please complete the following steps:

- Step 1: Parents will fill out the Early Entrance to Kindergarten application form and submit 2 letters of recommendation stating their child is ready for kindergarten that includes evidence of academic, social, and emotional superior readiness.
- Step 2: If your child has attended a preschool within the last year, complete the Consent for Mutual Exchange of Information and deliver that along with the two-page Kindergarten Checklist to the preschool for completion. (Elementary school can fax it to the appropriate preschool if desired.) Preschool will mail, email, or fax the consent and checklist to the school directly upon completion.
- Step 3: Kindergarten Readiness Assessment will be performed by the elementary school if preschool indicates early entrance as an option. The school will contact you directly to schedule your child's test. The test takes approximately 30 minutes and will be administered at the school.
- Upon completion of all the steps, the data and checklists will be forwarded to the school's principal and placement team. Determination of early entrance to kindergarten will be made within 5 school days.

PLACEMENT DETERMINATION

If the child's test results show superior ranking in ALL assessments, the parents will be informed of a conditional placement. At that time, parents may contact their service area school to complete enrollment forms. Parents must provide a birth certificate and have immunization records verifying kindergarten entry requirements.

Final consideration by the school administration after a six-week trial period will confirm placement. Contact the school with additional questions or concerns.



APPLICATION and PERMISSION FOR ASSESSMENT: 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 placement in kindergarten.

Child's Name _____
Last
First
Middle Initial

Birthdate _____/_____/_____ Male _____ Female _____

Address _____
Street
City
State
Zip Code

Custodial Parent(s)/ Guardian(s) Name _____

Relationship to Child _____

Home #: _____ Work #: _____ Cell #: _____

Email _____

Preschool Experience - (please attach preschool report card if available)

List the preschool, nursery schools, Head Start, special programs, and other day care programs attended. Include the dates of attendance and the approximate number of hours per week attended.

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

Why do you feel that your child would be ready for kindergarten? Comment on your child's social behavior and academic skills. (Use additional paper or backside, if needed)

Your signature indicates that you have read and understand the contents of the Early Entrance and give permission to have your child assessed:

 Signature, Custodial Parent/ Guardian _____/_____/_____
Date

To be completed by Preschool Teacher				
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GJCS Kindergarten Early Entrance Checklist

Student's Name:

Completed By:

Motor/ Social Skills

		Yes	No	Sometimes	Not Observed
1	Student can jump forward ten times without falling				
2	Student can gallop				
3	Student walks up and down steps with alternating feet				
4	Student turns somersaults				
5	Student runs lightly on toes				
6	Student skips				
7	Student catches ball				
8	Student can tell his first and last name				
9	Student cuts food with a knife, e.g., sandwich, celery				
10	Student can tell what mother's and father's occupation is				
11	Student can pour				
12	Student dresses self				
13	Student can sing a song or recite a poem				
14	Student "reads" from pictures to tell stories				
15	Student colors within lines				
16	Student draws a person with a head, trunk, legs, arms, and features without help				

17	Student is aware that activities happen at certain times of the day, e.g., breakfast is eaten in the morning; certain T.V. shows occur at regular times				
18	Student attempts to print name				
19	Student can be away from parent several hours without becoming upset				
20	Student can choose activities from a variety of choices				
21	Student sticks with chosen activities for 15 minutes				
22	Student can wait for a turn				
23	Student is excited about school				
24	Student is aware of others' feelings				
25	Student enjoys to be with peers				
26	Student engages in cooperative play with other children involving group decisions, role assignment and fair play				
27	Student can verbalize needs				
28	Student can do tasks without constant reassurance				
29	Student becomes frightened in large groups				
30	Student needs an afternnon nap				
31	Student complains often of headaches or stomach aches				
32	Student has wide mood swings				
33	Student's feelings are easily hurt				
34	Student expects individual attention in a group setting				



CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

I request and authorize _____ Phone _____
(Preschool Name or Preschool Teacher)

(Address)

to enter into a mutual exchange of information with the Greater Jasper Consolidated Schools on behalf of

_____, Birthdate ____/____/_____
(Student's Name)

Please complete and send the attached checklists and any other information in the following areas that might assist us in determining the appropriateness of early kindergarten entrance.

- Special Education
- School Cumulative File
- Records of Psychological Testing
- Medical Records
- Other Relevant Information or Records
- Phone contact name/number if further clarification is needed

Please send the above information to the appropriate school:

Ireland Elementary School
2423 N 500 W
Jasper, IN 47546
812-482-7751

OR

Jasper Elementary School
3799 N. Portersville Rd.
Jasper, IN 47546
812-556-3600

I understand that the records and reports that may be furnished for use by the school district as a result of this authorization shall be available for my personal inspection and review at my son/daughter's school.

(Parent/Guardian Signature)

Date



SCHOOL RECORDING SHEET

Date _____

Student Name _____ Student Birthdate ____/____/____

Parent(s) Name(s) _____ School (circle one) IRE JES

Parent Address _____

City _____ State _____ Zip _____

Phone #1 _____ Phone #2 _____

Parent email _____

TO BE COMPLETED BY SCHOOL PERSONNEL

Personnel Assigned

Overall Readiness Test Stanine _____

Motor/Social Skills Checklist _____

Academic/Social Skills Checklist _____

TEST RESULTS: QUALIFIED (circle one) YES NO