CENTER GROVE COMMUNITY SCHOOL CORPORATION
APPLICATION FOR EARLY ADMISSION TO FIRST GRADE

Information to be completed by parents/guardians to give permission for Center Grove personnel to screen their child for possible early entry.

CHILD'S NAME: _____
(last) (first) (middle)

DATE OF BIRTH*: _____

* A copy of the child's birth certificate must be attached to this application.

FATHER'S NAME: _____

MOTHER'S NAME: _____

GUARDIAN'S NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

_____
PARENT/GUARDIAN SIGNATURE

_____
DATE OF APPLICATION

As the parent(s)/guardian(s) of _____ (child's name), I (we) feel he/she is ready for early admission to 1st grade for the following reasons (attach additional information if needed):

_____

_____

_____

_____

List and describe all of your child's attendance and participation in formalized programs:

_____

_____

_____

_____

_____