

Adopted: 7/20

**EARLY ENTRANCE TO KINDERGARTEN OR FIRST GRADE**  
**APPLICATION FORM**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home

Telephone \_\_\_\_\_

Siblings: (give name, sex, and age of each in the space provided)

_____	_____	_____	_____
_____	_____	_____	_____

Child's Height \_\_\_\_\_ Child's Weight \_\_\_\_\_

Child's general health \_\_\_\_\_

At what age did he/she learn to walk by himself/herself \_\_\_\_\_

To what extent does he/she dress himself? (buttons, tying, winter clothing, etc.) \_\_\_\_\_  
\_\_\_\_\_

What are his/her favorite play activities with other children? \_\_\_\_\_  
\_\_\_\_\_

Does he/she prefer to play: (check one) Alone \_\_\_\_\_ With one or two children \_\_\_\_\_  
With a group of children \_\_\_\_\_

Has he/she attended preschool? \_\_\_\_\_ If so, what has been his/her reaction to this  
experience? \_\_\_\_\_

What does he/she like to do with his/her parents? \_\_\_\_\_  
\_\_\_\_\_

Please state your reasons for wanting your child to enter kindergarten early.

---



---



---



---



---

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 (Person completing this questionnaire)

**ATTACH THE BIRTH CERTIFICATE TO THIS APPLICATION AND RETURN IT TO THE ELEMENTARY BUILDING PRINCIPAL ANYTIME DURING MAY OR JUNE.**

-----

**RELEASE FOR ASSESSMENT**

An Early Entrance to Kindergarten Assessment of \_\_\_\_\_

will be scheduled at a time convenient to assessor and parent. The assessment will consist of:

- A. Wechsler Preschool and Pre-Primary Scale of Intelligence Test Revised
- B. A wide range achievement test
- C. The Vineland Social Maturity Scale
- D. An interview with parents

Check one:

\_\_\_\_\_ I do give my approval for the assessment to take place.

\_\_\_\_\_ I do not give my approval for the assessment to take place, and would like to discuss my reasons with you.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_