



## Request for Early Admission to Rockford Area Schools

Child's Name	Sex: <i>Male Female</i>	Birthdate
Address	City	Zip
Primary Telephone	Email	
Primary language spoken at home	Request for: <i>Kindergarten or First Grade</i>	
Parent/Guardian:	Telephone Number:	
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Explain why you want your child to enter school early.

Briefly answer the following questions and give examples when possible. (Attach another sheet if needed.)

1. What do you see as the advantages and disadvantages for early admission for your child?

Advantages:

Disadvantages:

2. How well does your child relate to adults and to others in his/her peer group?

3. Describe your child's ability to play and work with others.

4. How does your child handle having to wait for things, people, and events?

5. Describe how your child deals with conflict. (i.e. not getting his/her own way, having to choose between three favorite things, etc.)

6. Describe your child's ability and willingness to take risks and deal with unfamiliar activities or people.

7. Describe how your child deals with frustration.

8. Describe your child's interest in reading and writing.

If your child has previous school experience, please provide information below. The person will be contacted and asked to fill out some forms about your child's school experience.

School Name	Dates attended
Contact person	Telephone number
School Name	Dates attended

Contact person Telephone number \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

For early entrance consideration, send the following items, **no later than May 1**, to the **Office of the Superintendent** at the address below.

**Rockford Area Schools**  
**6051 Ash Street**  
**Rockford, MN 55373**

- This completed application
- A copy of your child's birth certificate
- A check payable to Rockford Area Schools for \$250 (this is non-refundable)

You will be contacted to schedule your child's evaluation.