



12111 NE First Street, Bellevue, Washington 98005 / P.O. Box 90010, Bellevue, Washington 98009-9010

CERTIFICATION OF QUALIFIED KINDERGARTEN ATTENDANCE
by under-age 1st grade applicant

STUDENT'S NAME

DATE OF BIRTH

This is to certify that in the 20__ - 20__ school year, the student named above successfully completed a **Washington State approved public or private school kindergarten program** whose standards equal or exceed the **1000 hours of instruction** provided under the direct supervision of a **certificated teacher**, including curriculum and instruction in **reading, mathematics and communication skills** designed to meet the State grade level expectations and essential academic learning requirements.

NAME OF AUTHORIZED SCHOOL REPRESENTATIVE

TITLE

DATE

SIGNATURE OF AUTHORIZED SCHOOL REPRESENTATIVE

SCHOOL

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE