

Application and Consent for Kindergarten Early Entrance Evaluation

Papillion La Vista Community Schools



NAME OF CHILD:	BIRTHDATE:
PARENT:	AGE:
ADDRESS:	PHONE:
EMAIL:	
NEIGHBORHOOD SCHOOL:	

I/we request that the Papillion La Vista Community Schools evaluate my/our child for early entrance into Kindergarten. I/we understand the evaluation will consist of cognitive assessments, basic concept/pre-academic assessments, social-emotional development assessments, and parent input.

I/we understand the reason for this evaluation and **give consent** for my/our child to be evaluated. I/we understand this consent is voluntary.

Signature of Parent

Date

Signature of Parent

Date

The fee for the evaluation is \$100.00. If you believe you would qualify for a waiver due to economic hardship, please check the box and explain below:

Please complete and send to:

Patti Drewes-Hynek, Early Childhood Supervisor

Papillion-La Vista Early Childhood Center

1211 N. Monroe Street

Papillion, NE 68046

Application deadline is June 1st