



EARLY ADMISSION TO KINDERGARTEN CONSENT TO RELEASE INFORMATION

MINNEAPOLIS PUBLIC SCHOOLS EARLY ADMISSION PROCEDURE PRIVATE EDUCATIONAL DATA

Parents: This form allows information about your child to be exchanged. Please sign and return it to MPS. “Treatment, payment, enrollment or eligibility of benefits may not be conditioned on obtaining the individual authorization.”

Learners Full Name: _____
Birthdate: _____
Parent Name _____
Parent Address _____

I authorize the Minneapolis Public Schools to obtain written or verbal information from my child’s pre-school or day-care. Observations from teachers and other staff members may be collected. The purpose of this request is to determine the child’s readiness for early admission to kindergarten.

Name/Title _____
Organization _____
Address _____
E-mail _____
Phone _____

1. I understand that this consent takes effect the day that I sign it. It expires on _____ or no more than one year from the date of my signature.
2. I may change this consent at any time by sending a written notice of the change to the releasing school.
3. School officials may disclose this information if authorized by law to do so.

Parent Signature

Date

- MPS will not re-release information to any outside agencies without legal authority.
- A photocopy of this completed form is valid as original.
- MPS is not authorized or funded to pay for this information.



EARLY ADMISSION TO KINDERGARTEN PARENT QUESTIONNAIRE

Child's Name _____

School Preference _____

Questions for Parents

Respondent: _____

Date: _____

Please describe your child's academic skills (for example, reading, writing, use of numbers, interest in books, interest in going to school):

Please describe your child's social and emotional skills (for example, getting along with other children, following directions from adults, comfort level in new situations, learning new routines and schedules):

What are the reasons you believe your child is ready for kindergarten?



EARLY ADMISSION TO KINDERGARTEN LETTER OF AGREEMENT

➤ **STUDENT/FAMILY INFORMATION (PLEASE PRINT):**

Student Name: _____ Birthdate: _____

Parent/Guardian Name(s): _____

Address: _____

Phone Number(s): _____

School Requested: _____

Principal Name: _____

➤ **DISTRICT POLICY REGARDING EARLY ADMISSION INTO KINDERGARTEN:**

Children who turn five (5) on September 2nd or thereafter through October 31st may be considered for admission into kindergarten based on the following procedures:

- Requests will be reviewed after the February choice deadline and will be honored on a space available basis.
- The Student Placement Center will refer requests for early admission to the appropriate school. A school team will conduct a standardized assessment of the student’s social/emotional/behavioral functioning. Children who appear socially/emotionally ready for kindergarten will be referred to district staff for completion of the assessment process. District staff will assess academic readiness for kindergarten.
- Children will be admitted to their community school or choice of schools with available space.

➤ **SIGNATURES OF PARENT/GUARDIAN AND PRINCIPAL**

Parent/Guardian: I have read and understand the Minneapolis Public Schools policy procedure regarding early admission into kindergarten. I understand that a team (which may include classroom teacher, school psychologist, and principal) will observe and assess my child’s social/emotional readiness for kindergarten, and a district staff will assess my child’s academic readiness. Whether my child will receive early admission into kindergarten will be determined based on these data. I understand that the team’s initial recommendation may be to place my child in a High 5 program (based on space availability) with the potential of moving on to kindergarten or remaining in the High 5 program. If my child is admitted to kindergarten, this placement will be revisited no later than the student’s Individual Learning Plan (ILP) conference in October. If it is determined at that time that kindergarten placement is not appropriate for my child, priority placement into a High 5 program within my attendance area will be considered (based on space availability). I also understand that if it is determined that my child is not yet appropriate for kindergarten; I will withdraw my child from kindergarten by October 31.

Parent Signature *Date*

Principal Signature *Date*

Copies to: Student Placement/ Executive Director Early Childhood Education/ Principal

