



## Early Admission to Kindergarten Application

Board Policy 546: Pursuant to Minnesota Statute 120A.20, the normal entrance age for kindergarten is five years of age with the child’s fifth birthday occurring on or before September 1, but a local district can establish exceptions to this rule. The parent(s) or guardian(s) of a child who missed the birthday cut-off and demonstrates superior academic readiness may request consideration for early entrance to school. Applications may be submitted to the building principal or the Enrollment Center. Applications are accepted between **January 1 and May 1** prior to the fall of enrollment.

### GENERAL INFORMATION

Student’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name First Name Initial

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Telephone \_\_\_\_\_  
Home Work Cell

Email \_\_\_\_\_ Elementary School Attendance Area \_\_\_\_\_

### DEVELOPMENT AND INTERESTS

Has your child attended preschool or a similar experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where? \_\_\_\_\_ How long? \_\_\_\_\_

What types of reports did you receive? \_\_\_\_\_

Do you see your child as a leader or follower? Why? \_\_\_\_\_

What are your child’s favorite play activities with other children?  
\_\_\_\_\_

What are your child’s favorite play activities to do alone?  
\_\_\_\_\_

When your child starts an activity does he/she usually stay with it until finished?  
\_\_\_\_\_

Has your child had experience with children away from his or her parents such as daycare or preschool?

---

How does your child get along with others?

---

How does your child handle frustration?

---

How is your child at sharing and taking turns?

---

What responsibilities does your child have at home?

---

What type of discipline works best with your child?

---

Does your child have any fears? Explain

---

Does your child nap during the day? If so, how long?

---

Does your child have any health concerns?

---

Check any of the following that your child can do:

\_\_\_\_\_ Take care of own bathroom needs      \_\_\_\_\_ Know telephone number

\_\_\_\_\_ Dress himself or herself      \_\_\_\_\_ Put on winter clothing by self

Please include any other information that may help us understand your child

---

How would your child benefit from starting kindergarten early?

---

If your child has been in daycare or a preschool, please provide us with a name and contact person. May we contact this provider? YES  NO

\_\_\_\_\_  
Name of Provider

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date