

South St. Paul Public Schools

Kindergarten Early Entrance Application



Applications must be submitted by April 30. Submissions received after this date may incur additional fees.

Basic Information

Student Name: _____

Address: _____

Phone: _____ Email: _____

Birthdate: _____ Gender: _____

Primary Language Spoken at Home: _____

Siblings

Sibling Name: _____ Sibling Birthdate: _____

Sibling Name: _____ Sibling Birthdate: _____

Sibling Name: _____ Sibling Birthdate: _____

Sibling Name: _____ Sibling Birthdate: _____

References

List previous experiences in daycare, preschool, and time away from parents/guardians.

Location: _____ Phone: _____

Location: _____ Phone: _____

Location: _____ Phone: _____

Early Childhood Screening

Has your student completed their early childhood screening?

Yes No

If yes, was is completed through South St. Paul Public Schools?

Yes No, it was completed at: _____

If completed elsewhere, please provide a copy of the results.

Early Entrance Preparation

Describe why you are considering early admission for your child.

Describe your student's experiences away from parents/guardians.

What do you see as the benefit of starting early?

What are the possible disadvantages?

Explain your student's intellect and social advancement.

How does your student feel about school?

Parent/Guardian Signature

I hereby give consent for the educational screening and observation of my child. I also give permission for the school team to contact any of the references listed on the first page for additional information. By signing this document, I consent to the SSPPS Policy 617 and understand the process for early entrance to kindergarten.

Print Name

Relationship to Student

Signature

Date