



**St. Mary's County Public Schools**  
**Central Administration**  
**Department of Curriculum and Instruction**  
23160 Moakley Street, Suite 101  
Leonardtown, Maryland 20650  
Phone: (301)-475-5511 ext. 32101  
Fax: (301)-475-4270

**Early Entrance to Kindergarten**



**Application and Information Profile**

**Submit no later than July 18, 2026**

Child's Name (First and Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (must turn five by November 1, 2026 to be considered for early entrance)

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**DIRECTIONS: Please answer each question below.**

1. Why do you want your child considered for early entrance into kindergarten?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your child prefer to play with others or play independently?  Others  Independently

3. Can your child button, snap, and zip to dress themselves?  Yes  No

4. What types of reading activities is your child engaged in at home?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What experiences has your child had with writing tools such as markers, crayons, pencils or paintbrushes?

---



---



---

6. What does your child know about numbers, shapes, and puzzles?

---



---



---

7. What group experiences has your child had (e.g., pre-school, daycare, Head Start, nursery school, etc)?

---



---



---

8. Does your child:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recite the alphabet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Print the alphabet
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Point to letters when named	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Know the sound that some letters make
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blend letter sounds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Read familiar words in the environment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Read simple words in books	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Print their name

**Please return the completed application, proof of residency, and proof of the child's date of birth to Caitlin DeMarr at the Department of Curriculum and Instruction.**

**Phone: (301)-475-5511 Ext. 32101 or Email: [cmdemarr@smcps.org](mailto:cmdemarr@smcps.org)**

Information regarding which school serves your residential area is provided by the Department of Transportation at <https://www.smcps.org/offices/transportation/bus-stop-and-school-locator> or call 301-475-4256, Option 2.