27-28 EARLY ENTRANCE TO KINDERGARTEN APPLICATION

Osseo Area Schools

1. PARENT/GUARDIAN

LEGAL NAME	Last:	First:	Email:	Phone Number

2. STUDENT

LEGAL NAME	Last:	First:	Middle	Birthdate	Gender ☐ Male ☐ Female

3. ADDRESS

Street Name and House Number (Apt./Unit#):	City:	State:	Zip Code:

7. SIBLINGS

LAST NAME	FIRST NAME	GRADE	SCHOOL

8. PARENT/LEGAL GUARDIAN SIGNATURE

I have completed and/or agree to the following terms:

- I have attached my child's Early Childhood Screening results.
- My child must pass both the Observation and Cognitive Assessment to continue.
- I am responsible for securing, scheduling and paying for the cognitive assessment and associated fees.
- All district eligibility decisions are final.
- Admission as a four-year-old is probationary through the first trimester.

By signing below, I certify under Minnesota law that I am the parent/legal guardian with authority to act, and all provided information is true and complete.

SIGNATURE _____ DATE _____

Office Use Only	
Student ID#	
Action Code:	
Resident School:	
Attending School:	
Completed By:	
SAC:	
Other:	

Osseo Area Schools Enrollment Center
7051 Brooklyn Boulevard
Brooklyn Center, MN 55429

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Email enrollmentcenter@district279.org