

Adopted: 7/2000

EARLY ENTRANCE TO KINDERGARTEN APPLICATION FORM

Child's Name _____ Sex ____ Birthdate _____

Father's Name _____ Mother's Name _____

Father's Occupation _____ Mother's Occupation _____

Home Address _____ Home Telephone _____

Siblings: (give name, sex, and age of each in the spaced provided)

Child's Height _____ Child's Weight _____

Child's general health _____

At what age did he/she learn to walk by himself/herself _____

To what extend does he/she dress himself? (buttons, tying, winter clothing, etc.) _____

What are his/her favorite play activities with other children? _____

Does he/she prefer to play: (check one) Alone _____ With one or two children _____
With a group of children _____

Has he/she attended nursery school? _____ If so, what has been his/her reaction to this experience? _____

What does he/she like to do with his/her parents? _____

Please state your reasons for wanting your child to enter kindergarten early. _____

Date _____ Signature _____
 (Person completing this questionnaire)

- **ATTACH THE BIRTH CERTIFICATE TO THIS APPLICATION AND RETURN IT TO THE ELEMENTARY BUILDING PRINCIPAL ANYTIME DURING MAY OR AUGUST.**

RELEASE FOR ASSESSMENT

An Early Entrance to Kindergarten Assessment of _____

will be scheduled at a time convenient to assessor and parent. The assessment will consist of:

- A. A Wechsler Preschool and Pre-Primary Scale of Intelligence Test Revised
- B. A wide range achievement test
- C. The Vineland Social Maturity Scale
- D. An interview with parents

Check one:

_____ I do give my approval for the assessment to take place.

_____ I do not give my approval for the assessment to take place, and would like to discuss my reasons with you.

Date _____ Parent Signature _____