

Application for Early Enrollment Form

STUDENT NAME _____ MALE FEMALE

BIRTHDATE: _____ AGE _____ SCHOOL YEAR 20____

PARENT NAME (Please Print) _____

ADDRESS (Please Print) _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

TELEPHONE NUMBER (Home) _____ (Work) _____ (Cell) _____

REASON(S) FOR REQUEST _____

Parent/Guardian's Signature _____ **Date** _____

=====

FOR DISTRICT USE ONLY

Date Application received _____

Requested school at or over cap size? Yes No

Child scored at the 90th percentile on the developmental screening tool? Yes No

Comments: _____

APPLICATION FOR EARLY ENROLLMENT Recommended Not Recommended

Principal Signature _____ **Date** _____

APPLICATION FOR EARLY ENROLLMENT Approved Not Approved

Superintendent Signature _____ **Date** _____

Application for Early Enrollment Form

EARLY ADMISSION TO KINDERGARTEN

I am requesting early admission to kindergarten in the Grant County School District, pursuant [KRS 158.030](#).

I understand the following:

1. _____ There are criteria that must be met before my child is accepted into early kindergarten enrollment.

2. _____ I consent for my child to be screened using the developmental screening tool. The results will be used to determine if my child meets the criteria for early kindergarten enrollment. The results will be shared with me with an interpretation of what the screening data mean in regard to my child's anticipated kindergarten success and to plan my child's academic program. A social/emotional inventory will also be required as a part of this screening.

3. _____ If enrolled, my child will be provided the same rigorous kindergarten program and supports as all other students attending kindergarten in the Grant County School District. This includes curriculum content and instruction, assessment, daily schedule, and behavioral expectations.

4. _____ My child's progress and performance will be measured using the standards specific to kindergarten.

5. _____ My child will not be promoted and/or retained as a part of his/her public school experience because of chronological age/birthdate.

6. _____ I may rescind my request for early entry to kindergarten and withdraw my child from kindergarten within the first two months of the new school year by providing the school Principal with a written request.

Parent/Guardian Signature

Date

Review/Revised:1/19/2017