

**EARLY ADMISSION TO KINDERGARTEN**

Early Admittance Form and Questionnaire

Child's Name (First, Last)	
Gender	
Birthdate	
Name(s) of Parent/Guardian	
Address	
E-mail	
Phone Contact	
Name and Age of Sibling(s)	

What experiences has your child had in large group situations? How has your child performed in these groups compared to other children in the group?

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What accelerated social and academic skills do you feel your child possesses? Why do you feel the child would benefit from early school admission?

Does the child have any medical needs?

I (We) have met with the building principal to discuss our early entrance to Kindergarten request. After our child has been evaluated and the results discussed with me (us), we agree to abide by the decision (findings) of the child study team.

Signature of Parent/Guardian(s):

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal:

\_\_\_\_\_ Date: \_\_\_\_\_