Application for Early Entrance to Kindergarten Southeast Local Schools

Return completed form to: Curriculum/Gifted and Talented Office 9048 Dover Road Apple Creek, OH 44606

Please complete this application, including parent checklist, if you feel your child demonstrates academic achievement, social, emotional, and physical maturity appropriate for kindergarten placement, and should be considered for early placement in kindergarten.

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Child's Name Last	First		MI	Birthdate	//
Parent's Name:					-
Address		Chaka	Zin Codo	Male	_ Female
Street	City	State	Zip Code		
Home Phone #	_ Work #			_ Cell #	
Email Address					

Preschool Experience – please attach preschool report card, if available						
List the preschools, Head Start, special programs, and other day care programs attended. Include the dates of attendance and the approximate number of hours per week attended.						
Name of School/Program	Dates of Attendance	# Hours/Week				
Why do you feel that your child would be ready for a kindergarten program? Comment on your child's social behavior and academic skills. (Use additional paper, if needed)						
Your signature indicates that you have read and understand the contents of the Early Entrance to Kindergarten packet:						
four signature multates that you have read and understand	Date					
Signature of Parent/Guardian						