

APPLICATION FOR EARLY ACCESS TO KINDERGARTEN OR FIRST GRADE

Name of Child	Date of Birth	Current Age
Name of Parent(s)	Telephone	Telephone
Home Address	City, State	Zip Code

Name of school to which you are seeking early access	Grade Being Requested ___ Kindergarten ___ First
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Explain why you are seeking early access for your child

Preschool / School Information

Name of Preschool/School	Dates Attended	Teacher / Director's Name
Address of Preschool/School	City, State ZIP	Telephone
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Address of Preschool / School	City, State ZIP	Telephone

Parental Consent

By signing this application below, the parent/guardian provides permission to the district to collect information from your child's current and previous teachers, including interview and rating scale data. In addition, you are also providing your consent to allow the child to be observed, interviewed, and screened for readiness by district staff. If deemed necessary by the district gifted education director, you are also providing consent for a school psychologist to administer formal standardized tests of mental ability and achievement. This signature also allows the district to share testing information with members of the school determination team.

_____ Date _____
 Parent/Guardian Signature

Parents are welcome to submit applications prior to the opening date of March 1. However, early applications will be officially marked as received on March 1.

For Office Use Only

Date Application Received	Date of Screening Decision	Early Access was granted on this date Early Access was denied on this date
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