



Early Entrance to Kindergarten Application

Early entrance is designed for the exceptional child who is both academically ready as well as developmentally mature when compared to others his or her chronological age. The purpose of the early entrance process is to help identify children with above average intelligence, accelerated academic skills and well developed social emotional status for which early entrance would be in their best interest in order to address their educational needs.

A copy of the child's birth certificate must accompany this application.

Child's Full Name: _____

Date of Birth: _____ Male: _____ Female: _____

Address: _____
Street City Zip

Name of Custodial Parent(s)/Guardian(s): _____

Telephone Number(s): _____

Day Care Experience

Name of Day Care: _____ Dates of Attendance: _____ # of Hours/Week: _____

Preschool Experience *(Please attach Preschool Report Card if available)*

Name of School/Program: _____ Dates of Attendance: _____ # of Hours/Week: _____

Has your child previously been administered any academic/cognitive assessment?* _____

If yes, administered by: Preschool _____ or Privately (please name) _____

Name of test: _____ Date administered: _____

Test results: _____

**Please attach a copy of the results.*

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1. Please indicate the early childhood traits that may demonstrate your child is advanced for his/her age:

- | | |
|--|--|
| <input type="checkbox"/> Early speech development | <input type="checkbox"/> Use of advanced vocabulary |
| <input type="checkbox"/> Keen observational skills | <input type="checkbox"/> Early reading (common signs/sight words, beginning books) |
| <input type="checkbox"/> Strong memory | <input type="checkbox"/> Walked early, well developed use of hands for activities |
| <input type="checkbox"/> Asks many questions; is curious | <input type="checkbox"/> Ability to concentrate on tasks for long periods of time |
| <input type="checkbox"/> Good sense of humor | <input type="checkbox"/> Ability to recognize patterns and relationships |

Other indicators:

2. Why do you feel that your child would be ready for a kindergarten program? Please comment on your child's social behavior, attitude towards learning, academic skills, ability to follow routines, etc.

3. Please check the following skills that your child currently exhibits:

- | | |
|---|--|
| <input type="checkbox"/> Points to letters when named | <input type="checkbox"/> Names letters |
| <input type="checkbox"/> Identifies beginning sounds | <input type="checkbox"/> Identifies basic sight words |
| <input type="checkbox"/> Recognizes first name | <input type="checkbox"/> Prints first name |
| <input type="checkbox"/> Tells simple story from pictures | <input type="checkbox"/> Retells a simple story in sequence |
| <input type="checkbox"/> Follows two-step directions | <input type="checkbox"/> Understands and names rhyming words |
| <input type="checkbox"/> Identifies numerals 0 – 20 | <input type="checkbox"/> Orally counts from 0 – 20 |
| <input type="checkbox"/> Counts 10 objects | <input type="checkbox"/> Sorts by category (size, shape, color) |
| <input type="checkbox"/> Identifies basic shapes | <input type="checkbox"/> Identifies basic colors |
| <input type="checkbox"/> Draws/copies basic shapes or letters | <input type="checkbox"/> Completes fine motor tasks (cuts, pastes, writes) |
| <input type="checkbox"/> Shares with others | <input type="checkbox"/> Takes turns |
| <input type="checkbox"/> Maintains self-control | <input type="checkbox"/> Works independently |

4. Does your child participate in any activities or lessons (dance, art, sports, music, etc.)? _____

If Yes, please list: _____

5. How does your child approach a challenging task? Please provide an example.

(Is your child frustrated or disinterested when presented with new challenges? Is your child receptive and enthusiastic about new challenges? Does your child actively seek and persist in new and rigorous challenges?)

6. How does your child handle frustration? _____

7. How does your child interact with adults (For example, community members, neighbors, authority figures)? _____

8. How does your child relate to his/her age peers? _____

9. Describe your child's preferred playmates and activities: (For example, does he/she prefer same age children, younger children, older children; group activities, small groups, individual play)?

10. Please share any other relevant information that will assist us in assessing your child's readiness for Kindergarten (use back of page or separate page if needed)

Screening Permission Form for Early Entrance to Kindergarten

In giving my permission for Early Entrance to Kindergarten screenings, I understand that any or all of the following may occur:

1. Requests for information from the child’s preschool or daycare facility;
2. Appropriate assessments administered by Millennium Community Schools’ personnel;
3. Observation(s) of my child; and
4. Interviews with caregiver and/or parent/guardian.

Child’s Full Name

Date of Birth

Parent/Guardian Name in Print

Date

Signature of Parent/Guardian

Date

PLEASE RETURN THIS APPLICATION ALONG WITH A COPY OF THE BIRTH CERTIFICATE