

EARLY ENTRANCE to KINDERGARTEN Application



Application Date | _____ Child's Birthdate | _____
Child's Name | _____ Gender Female Male
Parent's Name | _____ Phone - Home | _____
Home Address | _____ Cell | _____
City | _____ ST | _____ ZIP | _____ Email | _____

Please answer the following questions as accurately as possible.

1. Has your child participated in Early Childhood Screening? Yes No
Was the screening completed at the Central Family Center (Shakopee) facility? Yes No
If you answered "No," please attach the results, or please call the agency or school district and have the results sent to the Shakopee Schools Special Services Office. This application will not be processed without Early Childhood Screening results.

2. Have you included verification of the child's birthdate with a copy of the Birth Certificate? Yes No

3. Describe in detail the reason you are seeking early entrance to kindergarten for your child.

4. Describe any formal learning opportunities in which your child has participated.

Contact Name | _____ Phone | _____

If this was a formal pre-school program, please have them fill out the preschool teacher checklist included in the packet and return with the rest of the materials.

5. Share anything else about your child you believe will help us to make a decision about early entrance to kindergarten.

6. Attach 2 work samples your child has completed in the past 4 weeks (e.g. a drawing, "writing," or coloring). Identify whether the work was created independently or with adult suggestion and support.