

Archbold Local Schools

APPLICATION Early Entrance to Kindergarten

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

Child's Name _____
Last First Middle Initial

Date of Birth ____/____/____
Month Day Year

Select One: ____ Male ____ Female

Parent (s) or Legal Guardian(s) _____

Address _____

Phone(s): _____
HOME CELL WORK

Email : _____

Preschool Experience *Please attach preschool report card, if available.*

List the nursery schools, 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 think your child is ready for a kindergarten program?
Comment on your child's social behavior and academic skills.

Use back of document or additional paper, if needed.

Signature, Custodial Parent / Guardian

____/____/____
mm/dd/year

RETURN COMPLETED FORM TO:
Archbold Elementary School
500 Lafayette St.
Archbold, OH 43502

Archbold Local Schools

I, _____, hereby give my permission for the
Parent/Legal Guardian

Archbold Local School District to respond to a request for consideration of early entrance to kindergarten for:

Name of Child

In giving my permission, I understand that any or all of the following may occur:

- Review of relevant records
- Interviews with caregiver and/or parent/guardian
- Observation(s) of my child
- Assessment (e.g., curriculum-based, screening, and other appropriate measures to determine interventions)
- Other

I understand and agree that the information collected by the school district will be reviewed by the early entrance to kindergarten team to develop a transition plan and designate the personnel and resources needed to successfully implement the plan.

Print name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

____/____/____
[mm/dd/yyyy]

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