

APPLICATION FOR EARLY ENTRANCE CONSIDERATION

CHILD'S FULL

NAME: _____ **Male** ___ **Female** ___

Child's Birthdate: _____ **(Day)** _____ **(Month)** _____ **(Year)**

Father's Name: _____

Mother's Name: _____

Daytime Phone Number (Parents) _____

Home Address: _____

Reason(s) for wanting child assessed for Early Entrance to Kindergarten:

Name of Child's Pediatrician:

_____ **Phone** _____

Name of Child Care Setting (or Person who responsible for childcare):

I (We) have read the "Screening of Early Entrant Applicants" and understand we must have the following items turned in to the Screening Committee at least 21 days before June 1st of the year requested for entrance. We also understand all testing must be by an approved psychologist (per Director of Student Services) at our own expense.

- 1. Parent Application (This document)**
- 2. 2 Recommendations (Pediatrician, Minister, Child Care Director, etc.)_**
- 3. 1 Aptitude Test/1 Achievement Test (by licensed, non-related psychologist) given at our expense. [Dir. of Student Services can provide approved list]**

Signed: _____ **(Mother)** _____ **(Date)**
_____ **(Father)** _____ **(Date)**

RECEIVED IN AIG DIRECTOR'S OFFICE: _____ (Date)

Screening Date _____ Place _____