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**APPLICATION FOR EARLY ENTRANCE TO KINDERGARTEN**

\*NOTE: In order to be eligible to apply for early entrance to kindergarten, a child must be five (5) on or before September 1 for an appeal to be considered.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(OR) Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian’s relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which elementary school attendance district do you reside? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Pre-School(s) Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach the following to this application:

\_\_\_ A copy of the child’s birth certificate

\_\_\_ A letter of recommendation from your child’s preschool teacher. The letter should include examples of your child’s academic achievement levels, evidence of advanced maturity, and evidence of social skills appropriate for a kindergarten classroom setting.

\_\_\_ A letter from you stating why you believe it is in your child’s best interest to enter kindergarten at the age of four. In the letter please give examples of your child’s level of maturity – for instance: is he/she responsible for chores at home, able to share and patiently wait for turns in a group of students, able to sustain attention to a task and to a full day of academic activities, ready to separate from you for an entire day, etc.

\_\_\_ Optional: If a child has any formal assessments of intelligence and/or achievement from an independent evaluator, that information can be submitted and will be considered.

Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETE AND RETURN THIS FORM BY JUNE 1, 2017 TO:**

Dr. Jennifer Wheat Townsend

Director of Learning

Noblesville Educational Services Center

18025 River Road

Noblesville, IN 46062

\*Testing will occur during the week of June 19-23, 2017. You will be contacted to set an appointment for your child’s assessment by Friday, June 9th. Your child must be available for testing during that assessment window. Questions can be sent to Sarah Davis – [sarah\_davis@nobl.k12.in.us](mailto:sarah_davis@nobl.k12.in.us). Applications will be considered by a committee and committee decisions are final. Parents will be emailed the committee’s decision no later than July 15th. **Please DO NOT attempt to register for kindergarten or pay textbook fees until you receive notification this waiver has been approved.**

Updated 4/17