

## **EARLY ENTRANCE REQUEST FORM**

Please complete this form, print it, and submit to your school principal with the required documents.

Child's Name (Last Name, First Name): Birthdate (MM/DD/YY): Gender: District 25 Home School: Street Address: Home Phone: Requesting Early Entrance to Kindergarten or First Grade?:
Parent/Guardian 1 Name: Relationship to Child: Phone Number: Email:
Parent/Guardian 2 Name: Relationship to Child: Phone Number: Email:
LIst any siblings who will be enrolled in school during the upcoming school year and their grade:
Is another language spoken in the home?  Does your child speak another language?
Current School Information  Name: Phone Number: Current Teacher Name: Current Teacher Email:

Preschool or Kindergarten Experience List the preschools and/or other childcare or educates of attendance as well as the approximate			nclude the
Name of School Program	Level (Pre-K or K)	Dates of Attendance	# Hours per week
Why do you feel early entrance would be in you	child'a hast i		
Feel free to share anything else you believe is  Please use the below checklist and be certai along with this Early Entrance Request Form	n to submit al	Il the required de	
<ul> <li>Checklist for Kindergarten</li> <li>Birth Certificate</li> <li>Proof of Residency and Verification Form</li> <li>Release of Confidential Information Form</li> <li>Copy of report card or rating document from current school placement or written letter recommending early entrance to Kindergarten from current teacher</li> </ul>	□ Birth Cer □ Proof of I □ Release □ Copy of r	or First Grade tificate Residency and Vo of Confidential In report card or rati ent school placen	nformation Forming document

Return the above documents to the school office **by April 15th** prior to the school year in which you are seeking enrollment. All documents must be received before the student can be considered for early entrance.