

Madison Local School District

Date sent _____

Date Received _____

Early Entrance to Kindergarten Application

Applicant's Name: _____ Date of birth: ____/____/____

Street Address: _____ Telephone: _____

City: _____ Zip Code: _____

Gender: Female ____ Male ____

With whom does the applicant live? _____ Relationship: _____

Mother's name: _____

Home phone: _____ Work: _____ Cell: _____

Address (if different than above): _____

Father's name: _____

Phone: _____ Work: _____ Cell: _____

Address (if different than above): _____

Does your child receive preschool special education services? Yes ____ No ____

List the student's siblings:

| Name of sibling | Age | Sex | Grade |
|-----------------|-----|-----|-------|
| | | | |
| | | | |
| | | | |
| | | | |

List the preschools, Head Start, special education program, and/or other child care programs attended. Include the dates of attendance and the approximate number of hours per week attended.

| Name of School/Program | Dates of Attendance | # of Hours/Week |
|------------------------|---------------------|-----------------|
| | | |
| | | |
| | | |

THIS APPLICATION AND THE TEACHER RECOMMENDATION MUST BE HAND DELIVERED BY THE PARENT TO THE PRINCIPAL OF THE SCHOOL YOUR CHILD WILL BE ATTENDING NO LATER THAN APRIL 30 PRIOR TO THE SCHOOL YEAR YOU ARE REQUESTING EARLY ENTRANCE

By signing below, you are giving the Madison Local Schools permission to evaluate your child to determine if he/she is eligible for early entrance to kindergarten.

Signature _____ Date _____

Student Name: _____ Date of Birth: _____

We seek to identify children who demonstrate a readiness for a full-day kindergarten program at this time. We gather and examine a variety of information from parents and teachers. We are aware that some children are very bright, but may not be developmentally ready for this program at this time. We want your child to be in an educational environment where he or she is comfortable and will thrive. When responding to the questions below, please mark how frequently your child exhibits the behavior. Space has been provided to give specific examples of behaviors that are often or almost always displayed.

1. My child is an avid reader or loves being read to. If the child can read, please indicate what age he or she started reading and list some books or print your child is able to read.

Seldom Sometimes Often Almost Always

2. My child uses advanced vocabulary and expresses himself/herself well.

Seldom Sometimes Often Almost Always

3. My child retains a great deal of information.

Seldom Sometimes Often Almost Always

4. My child is a keen observer, gets more from a story, film or situation than others do.

Seldom Sometimes Often Almost Always

5. My child sees relationships among unrelated ideas.

Seldom Sometimes Often Almost Always

6. My child has a wide range of interests.

Seldom Sometimes Often Almost Always

7. My child reasons things out for self, sees common sense answers.

Seldom Sometimes Often Almost Always

8. My child shows rapid insight into "how" and "why" relationships.

Seldom Sometimes Often Almost Always

9. My child is very inquisitive, curious.

Seldom Sometimes Often Almost Always

10. My child has a keen sense of humor, finds humor where others don't see it.

Seldom Sometimes Often Almost Always

11. My child solves problems in a variety of ways and is often innovative.

Seldom Sometimes Often Almost Always

12. My child is a high risk-taker: impulsive, adventurous and speculative.

Seldom Sometimes Often Almost Always

13. My child is individualistic and likes to spend time alone.

Seldom Sometimes Often Almost Always

14. My child organizes and directs activities in which he/she is involved.

Seldom Sometimes Often Almost Always

15. My child is especially sensitive to others and to situations.

Seldom Sometimes Often Almost Always

16. My child likes to take advantage of enrichment activities.

Seldom Sometimes Often Almost Always

Social and Emotional Development

1. Is your child able to take care of his/her own personal belongings, such as:

lunch sweater boots coat backpack toys

Comments: _____

2. Can your child be left with a babysitter without making a fuss?

Yes Most of the time No

Comments: _____

3. Can your child be away from you for a whole day without becoming upset?

Yes Not at this time Don't know yet

Comments: _____

4. How well does your child react when plans change?

Becomes upset cries easily accepts change without becoming upset

Comments: _____

5. How well does your child change from:

| | Easily | Not Very Easily | Not well at this time |
|----------------------|--------------------------|--------------------------|--------------------------|
| One adult to another | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| One place to another | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| One task to another | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Is your child able to easily share things such as:

| | Yes, most of the time | Seldom | Not at this time |
|-----------------------|--------------------------|--------------------------|--------------------------|
| Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toys | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pencils/Crayons/Paper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clothing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Is your child able to make friends easily?

Yes, most of the time Not at this time

Comments: _____

8. Does your child know how to take turns with other children?

Yes, most of the time Some of the time
 At this time he/she has difficulty keeping friends

Comments: _____

9. Does your child seem to play well with other children?

Yes, most of the time Some of the time
 At this time he/she has difficulty playing with other children

Comments: _____

10. Is your child able to "work" cooperatively with other children on a task?

Yes, most of the time Some of the time
 At this time he/she has difficulty "working" cooperatively on a task with others

Comments: _____

11. Can your child sit still for a short period of time to:

