

# Patrick Henry 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.

<b>Child's Name</b>	_____	_____	_____
	Last	First	Middle Initial
Date of Birth	____/____/____	Select One:	____ Male    ____ Female
	Month    Day    Year		
Parent(s) or Legal Guardian(s)	_____		
Address	_____		
Phone(s):	_____	_____	_____
	HOME	CELL	WORK
Email :	_____		

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**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:  
Patrick Henry Elementary School  
E-076 County Road 7  
Hamler, OH 43524**

I, \_\_\_\_\_, hereby give my permission for the  
*Parent/Legal Guardian*

**Patrick Henry 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)

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- 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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