

APPLICATION
KINDERGARTEN EARLY ENTRANCE WAIVER
EAST ALLEN COUNTY SCHOOLS
Age Requirement: 5 years old between August 2nd through October 1st
Deadline: June 1

Directions: Please complete the following form and return to the school Principal. Parents will be contacted in June to schedule a date for student assessment.

Child's Name _____

Parent/Guardian Name(s) _____

Home Address _____

City State Zip

Home Phone _____ **Work Phone** _____

Child's Birth Date _____

Preschool Experience (please list preschools and/or daycares that your child has been enrolled in/attended)

Name of School	Address	Dates Attended (month/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

My East Allen attendance area school is: _____

Briefly tell why you feel your child would benefit from early entrance to kindergarten (examples may include name, number/letter recognition, colors, shapes):

Parent/Guardian Signature

Date

For office use only:

Scheduled Date of Assessment: _____ **Principal Approved or Denied:** _____ **Date of Call to Notify Parents:** _____