



Early Entrance to Kindergarten/First Grade Application

**RETURN COMPLETED FORM NO LATER THAN June 30th TO:
Gifted Coordinator, Buckeye Local School District, 3436 Edgewood Drive, Ashtabula, OH 44004**

Please complete this application if you feel that your child demonstrates academic achievement, social, emotional, and physical maturity appropriate for kindergarten/first grade and should be considered for early placement.

PLEASE PRINT/TYPE ALL INFORMATION

Child's Name: _____

Birth date: ____/____/____ Male Female

Type of Acceleration Requested (CHECK ONE):

- Early Entrance to Kindergarten (my child will be 5 before January 1st of next year)
- Early Entrance to Kindergarten (my child will **NOT** be 5 before January 1st of next year)
- Early Entrance to First Grade (my child will be 6 before January 1st of next year)
- Early Entrance to First Grade (my child will **NOT** be 6 before January 1st of next year)

Home Address: _____

Daycare or Preschool Name: _____

Daycare or Preschool Address: _____

Daycare or Preschool Phone Numbers: _____

Custodial Parent/Guardian Name: _____ **Relationship to child:** _____

Phone: _____

Email: _____

Preschool Experience: (Please attach final preschool report card if available.) List any academic programs your child attended. Include the dates of attendance and the approximate number of hours per week attended.

Name of Program	Dates of Attendance	Number Hours/Week

Why do you feel that your child would be ready for a kindergarten or first grade program? Comment on your child's social behavior and academic skills (use additional paper if needed).

Your signature indicates that you agree to the evaluation process to determine eligibility for early entrance.

Print Custodial Parent/Guardian Name

Signature of Custodial Parent/Guardian

____/____/____
Date

