



# Early Entrance to Kindergarten/First Grade Application

**RETURN COMPLETED FORM NO LATER THAN June 30th TO:  
Gifted Coordinator, BLSCD, 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





# Teacher Recommendation Form