

STUDENTS

09.121 AP.21

Petition for Early Enrollment FormSTUDENT NAME _____ ☐ MALE ☐ FEMALE

BIRTHDATE: _____ AGE _____ GRADE LEVEL FOR THE _____ - _____ SCHOOL YEAR _____

PARENT NAME (Please Print) _____

ADDRESS (Please Print) _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

TELEPHONE NUMBER (Home) _____ (Work) _____ (Cell) _____

REQUEST PETITION FOR EARLY ENROLLMENT FOR WHICH SCHOOL _____

REASON(S) FOR REQUEST _____

Parent/Guardian's Signature _____ Date _____

FOR DISTRICT USE ONLY

Date Received in Central Office _____

Requested school at or over cap size? ☐ Yes ☐ NoChild scored at the 95th percentile on the District approved screener? ☐ Yes ☐ NoChild scored at the 95th percentile on a standardized IQ test, behavior rating scale and standardized achievement test? ☐ Yes ☐ No

Comments: _____

PETITION FOR EARLY ENROLLMENT ☐ Recommended ☐ Not Recommended

Superintendent Signature _____ Date _____

PETITION FOR EARLY ENROLLMENT ☐ Approved ☐ Not Approved

Board Chair Signature _____ Date _____

Petition for Early Enrollment Form**EARLY ADMISSION TO KINDERGARTEN**

Because my child will turn five (5) years old between August 1 and September 30 of each school year, I am requesting early admission to kindergarten in the Marion County Public Schools, pursuant KRS 158.030.

I understand the following:

1. Upon entry into the kindergarten program, my child will be screened using the Kentucky Kindergarten Readiness Screener, the Brigance. Those screening results will be used to plan my child's academic program, and will be shared with me, along with the kindergarten teacher's interpretation of what the screening data mean in regard to my child's anticipated kindergarten success. A social/emotional inventory will also be required as a part of this screening.
2. My child will be provided the same rigorous kindergarten program and supports as all other students attending kindergarten in the Marion County Schools. This includes curriculum content and instruction, assessment, daily schedule, concepts, social emotional and behavioral expectations.
3. My child's progress and performance will be measured using the Kentucky Academic Standards as a guide, with attention to those standards specific to kindergarten.
4. My child will not be promoted and/or retained as a part of his/her public school experience because of chronological age/birthdate.
5. I may rescind my request for early entry to kindergarten and withdraw my child from kindergarten by providing the school Principal with a written request.

Parent/Guardian Signature

Date

Consent to Screen for Early Entrance Admission to School

Child's Name: _____ Date of Birth: _____

SEEKING EARLY ENTRANCE FOR FIRST GRADE

I give permission for an individual screening of my child.

I understand that the screening will be conducted by qualified District staff through the use of the DIAL-IV or current version, standardized intelligence tests, achievement tests, and rating skills. The assessment tools are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. Screenings shall be administered in the child's native language or other mode of communication.

I have been advised in my native language or other mode of communication and understand the contents of this consent.

Parent/guardian Signature Date

FOR OFFICE USE ONLY

DIAL-IV	Motor	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Concepts	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Language	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Social Emotional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Self Help	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Behavior Observations:

The results of the Screener Tool are:

_____ The student scored at the 95th percentile on the screening tool administered

_____ The student did not score at the 95th percentile on the screening tool administered