



Nelson County Board of Education
288 Wildcat Ln.
Bardstown, Kentucky 40004

APPLICATION FOR EARLY ENTRANCE

Child's Name _____

First

Middle

Last

Child's Birthdate _____

☐

Male

☐

Female

Child's Address _____ City _____ State _____ Zip _____

Home School _____

Parent/Guardian Information

Parent/Guardian Information

Name _____ Name _____

Email _____ Email _____

Phone Number 1 _____ Phone Number 1 _____

Phone Number 2 _____ Phone Number 2 _____

Preschool Experience

Please list the preschools, prekindergarten, Head Start, child care center, special education program, and or any other day care program you child has attended. Include dates of attendance and the approximate hours per week attended.

Name of School/Program	Dates of Attendance	# Hours per Week
_____	From ____/____/____ to ____/____/____	_____
_____	From ____/____/____ to ____/____/____	_____
_____	From ____/____/____ to ____/____/____	_____

1. If you child attended any type of school. Please comment on his/her experiences.



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2. Please list reasons why you believe your child should be permitted early admission

3. Has your child received 504 Services or Special Education Services? If so please describe.

4. Comments: Use this space below to include other information about your child's skills, interests and abilities that will help us in assessing his/her special learning needs.

I hereby certify that the above information is true and correct. I understand that this information is being provided for the possible early admission to kindergarten, and that school officials may verify the information on this form.

Parent/Guardian Signature_____

I give permission for my child to be observed and evaluated by schools officials to help determine his/her readiness for kindergarten.

Parent/Guardian Signature_____