

STUDENTS

DRAFT 4/26/22

09.121 AP.21

Formatted: Centered

**Petition for Early Enrollment Form**

(THIS FORM MUST BE SUBMITTED TO THE CENTRAL OFFICE BY APRIL 15.)

CHILD'S NAME \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

☐ MALE ☐ FEMALE AGE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

CONTACT NUMBERS (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 \_\_\_\_\_ Date Screened: \_\_\_\_\_

Requested school at or over cap size? ☐ Yes ☐ No

Child scored at or above District criteria score on all components of District approved screener?

☐ Yes ☐ No Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PETITION FOR EARLY ENROLLMENT ☐ Recommended ☐ Not Recommended

Supervisor of Instruction Signature

Date

PETITION FOR EARLY ENROLLMENT ☐ Recommended ☐ Not Recommended

DPP Signature

Date

PETITION FOR EARLY ENROLLMENT ☐ Recommended ☐ Not Recommended

Superintendent Signature

Date

PETITION FOR EARLY ENROLLMENT ☐ Approved ☐ Not Approved

Board Chair Signature

Date

STUDENTS

09.121 AP.21  
(CONTINUED)

**Petition for Early Enrollment Form**  
**CONSENT TO SCREEN FOR EARLY ENROLLMENT**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am requesting early entrance to Kindergarten in Hopkins County Schools, pursuant KRS 158.030.

I give permission for an individual screening of my child to determine if my child meets the District's criteria for early entrance admission.

I understand that the screening will be conducted by qualified District staff through the use of the BRIGANCE Early Childhood Screen III – Kindergarten® to include the basic assessment (motor skills, communication skills, and academic skills), self-help rating scale, and social-emotional rating scale. The assessment tool is 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 contexts of this consent.

\_\_\_\_\_  
**Parent/guardian Signature**

\_\_\_\_\_  
**Date**

**For District Use Only**

**BRIGANCE Early Childhood Screen III - Kindergarten®**

Area	Raw Score	Met Criteria <del>Meets</del> <b>Criteria</b>	<del>Does-Not- Meet</del> Does Not Meet Criteria
Motor Skills			
Communication Skills			
Academic Skills			
Self-Help Scale			
Social-Emotional Scale			

PETITION FOR EARLY ENROLLMENT: ☐ Recommended

☐ Not Recommended

\_\_\_\_\_  
**Screener Signature**

\_\_\_\_\_  
**Date**

PETITION FOR EARLY ENROLLMENT: ☐ Recommended

☐ Not Recommended

\_\_\_\_\_  
**DPP Signature**

\_\_\_\_\_  
**Date**