



Flossmoor School District 161
21st Century Learners Today, Leaders Tomorrow

Amabel Crawford, Director of Learning and Instruction

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EARLY ADMISSION 1st GRADE APPLICATION

Name of Child: _____ Date of Birth: _____

Name of Legal Guardians: _____

Address: _____

Phone (home): _____ Cell: _____

Did your child attend a State of Illinois certified Kindergarten program? If so, please list the name, address, and telephone number of the school your child attended. _____

Description of general physical health: _____

Description of social / emotional maturity / functioning: _____

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Parent observations of readiness / academic skills: _____

Please identify the main reasons that you would like your child considered for early admission for early admission to first grade:

Please provide any other information that you feel would be useful in making this decision:

I understand that if my child is approved for early admission to first grade he/she will be with children who are beyond him/her in chronological age. I understand that the psychological assessment is at my expense.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____