

**CLARK-PLEASANT COMMUNITY SCHOOL CORPORATION KINDERGARTEN EARLY
ENTRANCE WAIVER APPLICATION**

*(For students who will not be 5 years old by August 1st of enrolling year but will
Be five on or before September 1st the enrolling year)*

Child's name _____
(First) (Middle) (Last)

Birth Date _____ Male or Female *(please circle)*

Name of School your child will attend if waiver is approved _____

Please include the following with this application:

1. *A copy of the child's birth certificate*
2. *A copy of the child's immunization records*
3. *A completed letter of recommendation from your child's preschool teacher, if applicable, that states reasons your Child should enter kindergarten early. The letter should include specific examples of your child's academic achievement Levels, and evidence of social skills appropriate for a kindergarten classroom settings. (A typical kindergarten classroom, has one teacher and 20 to 25 students.)*
4. *A copy of your child's current preschool progress report, which includes the name, address and phone number of the preschool and the dates of attendance, if applicable.*
5. *A letter from you stating why you believe it is in your child's best interest, now and in the future, to enter kindergarten at the age of four. In the letter, please give specific examples that show your child's level of advancement--socially, emotionally, and academically—beyond other children of the same age.*
6. *The completed question form on page 2 of the application.*
7. *Optional: Although not required, if a parent chooses to include an assessment of intelligence and/or achievement from an Independent evaluator, that information will be considered and is helpful when determining if a child qualifies for early entrance waiver. Any cost for this evaluation is the responsibility of the parent/guardian.*
8. *Sign the consent for assessment form on the end of this application.*

Father's name _____

Mother's name _____

(or) Guardian's name _____

Street Address _____

Primary Phone Number _____

Cell phone Number _____

Email Address _____

Applicant's Signature _____

This completed form and all attachments must be submitted by May 1 via email, mail, or delivery to the Clark-Pleasant Community School Corporation Education Center located at: 50 Center Street, Whiteland, IN 46184. Communications should be sent to the attention of Dr. Shelley Gies or by email to sgies@cpcsc.k12.in.us. Applications will be considered by a committee and all committee decisions are final. Parents will be notified of the committee's decision by **June 1**.

Please do not attempt to register for kindergarten or pay textbook fees until you receive notification this waiver has been approved.

Questions for Early Entrance to Kindergarten Waiver

The following information will help us in making a determination of appropriate placement for your child. Please answer the following questions with as much detail as possible and feel free to use the back or add pages if necessary.

1. List and describe all of your child's preschool attendance and participation in formalized programs.

2. Explain any group activities your child has been involved in outside the home.

3. When your child is playing, how much time he/she likely to spend on one activity?

4. How does your child react to a new or strange situation?

5. What are your child's major strengths and/or opportunities for growth?

Parent Release for Assessment

I hereby grant permission for assessment to be done to aid in determining my child's readiness for school.

Signature of Parent/Guardian _____

Date of Signature _____