



**Early Kindergarten Entrance Appeal Process
Application**

Child's Name: _____

Child's DOB: _____ Please include a copy of the child's birth certificate

Parent/Guardian Name: _____

Full Address: _____

Phone Contact: _____

E-mail Address: _____

School in which enrollment is requested: _____

Is this the school your child would attend based on residence? Yes ___ No ___

Has the student attended a preschool program? Yes ___ No ___

If yes, Name of Preschool: _____

Address of Preschool: _____

If yes, did the preschool teacher provide a recommendation regarding early kindergarten admission? Yes ___
No ___

Guardian Signature: _____

Date Received/Screening: _____

SVCS Office Use Only:

- ___ Physical Exam
- ___ Social Maturity
- ___ Parent Interview
- ___ Physical Characteristics