

APPEAL-REQUEST FOR EARLY ENTRANCE TO
KINDERGARTEN OR FIRST GRADE

We request that the School Corporation arrange for the evaluation of our/my child for early entrance into the School Corporation's () kindergarten () first grade program.

Name of Child _____

Legal Address _____

City _____ Telephone _____

Birthplace _____ Birthdate _____

Name and Address of any kindergarten or pre-school your child has attended.

Please attach any records concerning your child's participation in another kindergarten or pre-school program and a copy of a recent physical examination by a licensed physician.

Date _____

Parent or Guardian

Parent or Guardian

Daytime telephone number _____