

**LOUISVILLE CITY SCHOOLS
EARLY ENTRANCE TO KINDERGARTEN INFORMATION**

GENERAL INFORMATION:

Name: _____ Birthdate: _____ Gender: M F
 First Middle Last

Address: _____

Which elementary school would child attend if school age? _____

Mother: _____ Father: _____

If different from child: If different from child:

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Legal Guardian: _____ (If different than parent) Phone: _____

FAMILY HISTORY:

With whom does this child live? _____

Indicate siblings and any other individuals living with the child:

Names	Ages	Relationship to Child

LANGUAGE HISTORY:

Is there a language other than English spoken at home? Yes No

If yes, what language? _____

SOCIAL INTERACTIONS AND SERVICES:

Has your child attended preschool or day care? Yes No

If yes, where and for how long? _____

Does your child have the opportunity to play with other children his/her age on a regular basis?

Yes No If yes, how does he/she get along with them? _____

Does your child separate easily from you? Yes No

Has your child received a formal professional evaluation (e.g., from a psychologist, social worker, or learning specialist) for disabilities or disorders. Evaluation for specific learning, developmental, other health impairment (e.g., ADD , ADHD), social-emotional, physical issues, etc. Yes No

If yes, what and where?

Does your child participate in extracurricular or community activities? Yes No

If yes, what activities?

Please explain your reasons for the desired acceleration. Comment on your child's social behavior and academic skills. (Use additional paper if needed)

Name/Signature of Person Initiating

Relationship to Child

Date

Please return completed form to the building administrator.

For office use only

Date Received

Once completed form is received, the building administrator will contact a parent or guardian to discuss the process and any concerns relating to Early Entrance to Kindergarten.

Communication: Face to Face Phone

Name Building Administrator

Name/Signature of Person Contacted

Relationship to Child

Date

Parent/Guardian wants to continue with the process for Early Entrance to Kindergarten.

Yes No

Permission for assessment mailed or provided to parent/guardian.

Date

Please return completed form to:
Monica Shadle, Coordinator of Gifted Services
407 E. Main Street, Louisville, OH 44641
330-875-7685 330-875-7674