



Early Entrance to First Grade

Dear Parent/Guardian:

Thank you for your interest in having your child considered for early entrance into first grade. Please complete the documents enclosed with this correspondence and return them with a copy of your child's birth certificate and a copy of a document verifying you are a resident of the Stow-Munroe Falls City School District. This could be a copy of a rental agreement, mortgage, or utility bill showing you reside at that location.

The district's board policy states that to be considered for early entrance to first grade, a student must have successfully completed a credentialed kindergarten program that meets the requirements set forth by the Ohio Department of Education. In order to determine if your child has successfully completed a kindergarten program, please include your child's report card and a written recommendation from your child's teacher for promotion to first grade.

If your child has not successfully completed a kindergarten program, this requirement may be waived if your child meets the criteria for grade acceleration using an acceleration process approved by the Ohio Department of Education. This acceleration process requires a student to demonstrate aptitude and academic achievement that are within the gifted range when compared to their same age peers. Your child would need to be familiar with academic content beyond that of a first grade student in order to qualify. The results of the evaluation will be shared with you by the school psychologist.

Please return all documents to my office at the Board of Education for consideration of your child's enrollment into first grade. If necessary, a district's school psychologist will contact you to set up a time convenient for the evaluation.

Sincerely,

Kristen Prough

Kristen Prough
Director of Special Services

Attachments:
Early Entrance to First Grade Application
Early Entrance to First Grade Parent Permission Form



Stow-Munroe Falls City School District
EARLY ENTRANCE TO FIRST GRADE
2019-2020 School Year
PARENT PERMISSION FORM

TODAY'S DATE: _____

NAME OF STUDENT:

(First) (Middle) (Last) (Nickname if any)

BIRTHDATE Month ____ Day ____ Year ____ SEX Male Female
(circle one)

BIRTHPLACE CITY/STATE/COUNTRY _____

ADDRESS _____

EMAIL ADDRESS _____

CITY _____ ZIP CODE _____ PHONE NO. _____

I, (please print your name), _____
am giving consent for my child to be considered for early entrance to 1st grade by
the Stow-Munroe Falls City School District staff.

- I understand that my child must have successfully completed a kindergarten program that meets the requirements set forth by the Ohio Department of Education:
 - A public or chartered nonpublic school OR
 - A kindergarten program that is a.) offered by a day-care provider licensed under Chapter 5104 of the Ohio Revised Code (ORC); and b. if offered after July 1, 1991, is directly taught by a teacher who holds one of the following:
 - A valid certification/educator license issued under ORC Section 3319.22;



- A Montessori preprimary credential or age-appropriate diploma granted by the American Montessori Society or the Association Montessori Internationale;
 - Certification for teachers in nontax-supported schools pursuant to Section 3301.07.1 of the revised code; or
 - Determined to be developmentally appropriate
-
- I understand that it is my responsibility to provide information to the district regarding the name of the kindergarten program and the teacher.

 - I understand that the requirement to have successfully completed kindergarten may be waived if my student meets the criteria for acceleration as a gifted learner into first grade. Assessments approved by the Ohio Department of Education for the evaluation of gifted learners will be used in addition to components of the IOWA-Acceleration Scale, 3rd Edition to determine if my child qualifies for grade acceleration.

If required, the district's school psychologist will contact you to set up a time convenient for the evaluation and will share the results of the evaluation with you.

Parent Authorization and Agreement **Date**

Parent Address **Daytime** **Telephone**
Number

Stow-Munroe Falls City School District
EARLY ENTRANCE APPLICATION (First Grade)
2019 – 2020 School Year

TODAY'S DATE: _____

NAME OF STUDENT:

(First) (Middle) (Last) (Nickname if any)

BIRTHDATE Month____Day____Year____ SEX Male Female (circle one)

BIRTHPLACE CITY/STATE/COUNTRY _____

ADDRESS _____ EMAIL ADDRESS _____

CITY _____ ZIP CODE _____ PHONE NO. _____

FATHER OR GUARDIAN NAME AND OCCUPATION, PLACE OF EMPLOYMENT PHONE NO.

MOTHER OR GUARDIAN NAME AND OCCUPATION, PLACE OF EMPLOYMENT PHONE NO.

PRIMARY LANGUAGE OF STUDENT _____

NAME OF KINDERGARTEN SCHOOL/PROGRAM _____

NAME OF KINDERGARTEN TEACHER _____

OTHER PREVIOUS SCHOOL EXPERIENCES _____

List by schools/dates. (Nursery, Day Care, Head Start, Church School, etc.)

NAMES AND AGES OF BROTHERS AND SISTERS _____

AUTHORITY FOR PROOF OF BIRTH:

BIRTH CERTIFICATE: ___ CITY/COUNTY/STATE _____

PASSPORT: ___ COUNTRY _____ EXPIRATION DATE: _____

VERIFIED BY: _____

IF ADMITTED, CHILD WOULD BE ENROLLING IN: **E F H I R W** ELEMENTARY SCHOOL.

The Stow-Munroe Falls City School District Board Policy states that to be considered for early entrance to first grade a student must be evaluated using an acceleration process approved by the Ohio Department of Education. The results of the evaluation will be shared with you following the evaluation.

REASONS WHY MY SON/DAUGHTER SHOULD BE ADMITTED TO FIRST GRADE THIS YEAR:

Please return application materials to:

**Office of Special Services
Attention: Early Entrance Application to Kindergarten
4350 Allen Road
Stow, OH 44224**