



Early Entrance to Kindergarten

Dear Parent/Guardian:

Thank you for your interest in having your child evaluated for early entrance status into kindergarten. 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 kindergarten, a student must be evaluated 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 kindergarten 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 kindergarten. A district's school psychologist will contact you to set up a time convenient for the evaluation. The deadline for accepting all applications for early entrance into kindergarten for the 2018-2019 school year is August 1, 2018. There are no exceptions.

Sincerely,

Kristen Prough

Kristen Prough
Director of Special Services

Attachments:

Early Entrance to Kindergarten Application
Early Entrance Assessment Parent Permission Form

Stow-Munroe Falls City School District
EARLY ENTRANCE TESTING APPLICATION (Kindergarten)
2018 – 2019 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 _____

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 kindergarten 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. The deadline to submit all applications for early entrance into kindergarten is August 1, 2018.

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

Please return application materials to:

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



**Stow-Munroe Falls City School District
EARLY ENTRANCE TO KINDERGARTEN ASSESSMENT
2018-2019 School Year
PARENT PERMISSION FORM**

(Stow-Munroe Falls City School District does not discriminate based on sex, race, national origin or religion)

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 and evaluated for early entrance to kindergarten by the Stow-Munroe Falls City School District staff.

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.

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