



## 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.





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.

The following assessments will be used as components of the IOWA-Acceleration Scale, 3rd Edition, (an
instrument required by the Ohio Department of Education and adopted by the Stow-Munroe Falls City School
District):

- The Wechsler Preschool Primary Scale of Intelligence IV;
The Woodcock Johnson Achievement Test III or Age-Appropriate Subtests from Wechsler Individual
Achievement Test-Fourth Edition;
The Ages and Stages Questionnaire;
The Social-Emotional Questionnaire.

A meeting will be conducted with you and the other members of the acceleration evaluation committee
following the evaluation to discuss the results of the evaluation and inform you of the committee's decision.

The district's school psychologist will contact you to set up a time convenient for the evaluation.

Parent Authorization and Agreement Date

Parent Address Daytime Telephone Number