

# STOW-MUNROE FALLS CITY SCHOOLS

Administrative Offices • 4350 Allen Road • Stow, OH 44224-1032

Ph: 330.689.5445 Fax: 330.688.1629 • [www.smfschools.org](http://www.smfschools.org)

RE: Early Entrance to First Grade  
Students who are not six years old by August 1<sup>st</sup>

Dear Parent/Guardian:

Thank you for your interest into having your child considered for early entrance status into First Grade. Please complete the two 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 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 Board may admit to first grade a younger child who has successfully completed kindergarten if the child satisfies the Board's early entrance criteria. Board policy states that for a child to be considered into first grade, there must be evidence that a formal kindergarten program (as accredited by the State of Ohio) was completed and there is formal teacher recommendation for the child to advance to first grade. Therefore, we must receive the child's kindergarten report card in which promotion to first grade was recommended. Children considered for early entrance that have not been through a formal kindergarten program shall be evaluated using an acceleration assessment process approved by the Ohio Department of Education.

Please return all documents to my office at the Board of Education for consideration of your child into First Grade. After receipt of these documents, someone will contact you within 10 days in order to inform you of the district's decision regarding your child's eligibility for first grade as an early entrance student or to request additional information.

Thank you.

Sincerely,

*Marty E. Saternow*

Marty E. Saternow, Ph.D.  
Director of Special Services

Enclosures:

Early Entrance Testing Application (First Grade)  
Early Entrance to First Grade Parent Permission Form

***District Vision: Providing inspiration to make a difference in the world.***



**Stow-Munroe Falls City School District  
EARLY ENTRANCE TO FIRST GRADE  
Parent Permission Form**

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Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

- I request that my child be considered and evaluated for early entrance to First grade
- I understand that my child must have completed a kindergarten program in this district or an equivalent program elsewhere
- I understand that my child must have been recommended for promotion to First grade from the kindergarten teacher
- I understand that the requirement that my child had to have attended a kindergarten program prior to admission as an early entrance into First grade student may be waived by the acceleration committee. However, components of the IOWA-Acceleration Scale, an instrument required by the Ohio Department of Education would be required if my child was not enrolled in a kindergarten program. My child's performance based on the IOWA Acceleration Scale must meet the district's criteria to be considered entry to First grade.

A meeting will be conducted with the parent and 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.

You will be informed of your child's eligibility to attend First grade as an early entrance student within two weeks of the district receiving verification of kindergarten completion and promotion to First grade recommendation

\_\_\_\_\_  
Parent Authorization and Agreement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Address

\_\_\_\_\_  
Daytime Phone No.



**Stow-Munroe Falls City School District  
EARLY ENTRANCE TESTING APPLICATION**

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

TODAY'S DATE: \_\_\_\_\_

FIRST GRADE ENTRANCE

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.

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