Application for Early Entrance to Kindergarten Orrville City Schools

Return completed form to:

Curriculum/Gifted and Talented Office 815 N. Ella St. Orrville, OH 44667

Please complete this application, including parent checklist, if you feel your child demonstrates academic achievement, social, emotional, and physical maturity appropriate for kindergarten placement, and should be considered for early placement in kindergarten.

Child's NameLast	First		MI	Birthdate _	
Parent's Name:					_
Address				Male	Female
Street	City	State	Zip Code		
Home Phone #	Work #			_ Cell #	
Email Address					
Preschool Experience – please atta	ach preschool report card	l, if availa	ble		
List the preschools, Head Start, spe attendance and the approximate n		-		tended. Include	the dates of
Name of School/Program	Da	tes of Att	endance		# Hours/Week
Why do you feel that your child wo and academic skills. (Use additional					
Your signature indicates that you have	read and understand the c	ontents of	the Early Entr	ance to Kinderga	rten packet:
,			-		
Signature of Parent/Guardian					