

**Petition for Early Enrollment Form**

STUDENT NAME \_\_\_\_\_  MALE  FEMALE

BIRTHDATE: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE LEVEL FOR THE \_\_\_\_ - \_\_\_\_ SCHOOL YEAR \_\_\_\_\_

PARENT NAME (Please Print) \_\_\_\_\_

ADDRESS (Please Print) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

TELEPHONE NUMBER (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

REQUEST PETITION FOR EARLY ENROLLMENT FOR WHICH SCHOOL \_\_\_\_\_

I give permission for an individual screening of my child. I understand that the screening will be conducted by qualified District staff through the use of the Brigance Readiness Assessment and the Kindergarten Readiness Test. These assessment tools are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. Screenings shall be administered in the child’s native language or other mode of communication to determine if your child possesses the skills necessary to be placed in the Kindergarten program.

\_\_\_\_\_  
**Parent/Guardian’s Signature**

\_\_\_\_\_  
**Date**

=====  
**FOR DISTRICT USE ONLY**

Date Received in Central Office \_\_\_\_\_

Requested school at or over cap size?  Yes  No

Child obtained an overall performance rating of Ready for Kindergarten on the Brigance Readiness Assessment?  Yes  No

Child obtained an overall score of Average Degree of Readiness (R) on the Kindergarten Readiness Test?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_  
PETITION FOR EARLY ENROLLMENT

Recommended  Not Recommended

\_\_\_\_\_  
**Supervisor of Instructional Primary Program Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
PETITION FOR EARLY ENROLLMENT

Approved  Not Approved

\_\_\_\_\_  
**Superintendent of Schools Signature**

\_\_\_\_\_  
**Date**

Review/Revised:4/12/2018