

**REFERRAL FOR EARLY ENTRANCE
KINDERGARTEN/FIRST GRADE**

Student Name: _____

Date of Birth: _____

____ Early Entrance to Kindergarten (My child will be 5 before January 1st)

____ Early Entrance to Kindergarten (My child will not be 5 before January 1st)

____ Early Entrance to 1st Grade

My child is _____ Years _____ Months as of _____ (today's date)

Potential School: _____

Parent/Guardian: _____

Phone Number: _____

Address: _____

Name of person making referral: _____

Position or relationship to child: _____

Pre-School Experience

Pre-School	Dates of Attendance	#Hours/Week

Signature of person receiving referral: _____

Date Received: _____

FIRST READING: JUNE 16, 2020

SECOND READING: JULY 21, 2020

ADOPTION: JULY 21, 2020