

APPEAL-REQUEST FOR EARLY ENTRANCE TO  
KINDERGARTEN OR FIRST GRADE

We request that the School Corporation arrange for the evaluation of our/my child for early entrance into the School Corporation's ( ) kindergarten ( ) first grade program.

Name of Child \_\_\_\_\_

Legal Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_

Name and Address of any kindergarten or pre-school your child has attended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any records concerning your child's participation in another kindergarten or pre-school program and a copy of a recent physical examination by a licensed physician.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Parent or Guardian

Daytime telephone number \_\_\_\_\_