

APPLICATION FOR EARLY ENTRANCE

INDIVIDUAL SUBJECT ACCELERATION or WHOLE GRADE ACCELERATION

Child's Name _____ Birthdate _____ Age _____

Parent/Legal Guardian _____

Address _____

Phone Number _____ Email: _____

Name of school student will be attending if approved _____

Request for whole grade acceleration _____

Request for individual subject acceleration _____

Request for early entrance for (please check one):

Early Entrance to Kindergarten (my child will be 5 before January 1)

Early Entrance to Kindergarten (my child will not be 5 before January 1)

Early Entrance to 1st Grade (my child will be 6 before January 1)

Early Entrance to 1st Grade (my child will not be 6 before January 1)

I understand that if I grant permission, my child may receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualifies for early entrance.

No assessment will be made without your written permission. Please sign below to authorize assessment by the Fremont City Schools. You will be contacted by the School Psychologist to schedule an appointment.

AUTHORIZATION

Signature of Parent or Guardian (Required)

Date

*** The referral request will be processed and parents will receive the final determination for early entrance in 45-60 days from the date the referral is received.**

School Representative Receiving Referral _____

School _____ Date _____