



# Kindergarten Early Entrance Application

Please Print Clearly

Student Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Check male or female  
M F

Home School: \_\_\_\_\_ Choice School: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Address \_\_\_\_\_  
Street City Zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Address \_\_\_\_\_  
Street City Zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Siblings name (s) \_\_\_\_\_ Current Grade: \_\_\_\_\_

Has your child been identified as GT?      Y     N     If yes, please attach a copy of test scores.

Any special services (PCD, OT speech, health etc.) \_\_\_\_\_

As parent(s) of the above named student, I understand that...

1. Full Day Kindergarten classes are **tuition based** programs that follow the normal school day.
2. I understand Kindergarten Full Day will involve a tuition payment per month with a \$25.00 registration fee and a \$25.00 late fee if payment is not received by the 1<sup>st</sup> of each month. A full year commitment is required, any changes would have a strong impact on the program as well as the teacher salary.
3. I also understand the all day kindergarten is a full day of instruction and in no way is considered a day care.
4. I recognize that I am authorizing the Adams 12 Five Star School District to screen and administer appropriate assessments to determine appropriate educational placement for my child. This may include individual IQ testing with a district licensed school psychologist.
5. I understand that there may be a fee of \$275 associated with this process and must be paid upon submission of this application or it must be accompanied by a Free/Reduced Lunch Program application in order for this fee.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# PARENT CHECKLIST

**Schools must develop equal opportunities for any student whose dominant language is not English. In order to do this, Federal and State regulations require schools to determine the language(s) spoken and understood by each student.** (please print)

Student Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(street) (city) (state) (zip code)

Birthdate \_\_\_\_\_  
Month Day Year

1. What language or languages did your child speak when he/she first began to talk? \_\_\_\_\_

2. Please describe the language spoken by your child. (Check only one)

- \_\_\_\_ a. Speaks only the other language and no English.
- \_\_\_\_ b. Speaks mostly the other language and some English.
- \_\_\_\_ c. Speaks the other language and English equally.
- \_\_\_\_ d. Speaks mostly English and some of the other language.
- \_\_\_\_ e. Speaks only English.

3. Please describe the language understood by your child. (Check only one)

- \_\_\_\_ a. Understands only the other language and no English.
- \_\_\_\_ b. Understands mostly the other language and some English.
- \_\_\_\_ c. Understands the other language and English equally.
- \_\_\_\_ d. Understands mostly English and some of the other language.
- \_\_\_\_ e. Understands only English.

4. Do the adults in your home (parents, guardians, grandparents or any other adults) speak to each other in a language other than English daily?

Yes  No

If yes, what language or languages? \_\_\_\_\_

Does your child **understand participate** in the the conversations?  Yes  No

5. What language or languages does your child read?

6. What language or languages does your child write?

7. Did your child attend school in another country?

Yes  No

If yes, how many years? \_\_\_\_\_

Which country? \_\_\_\_\_

Language or languages used in instruction: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit form to:  
Adams 12 Five Star Schools  
Gifted & Talented Services  
1500 E. 128<sup>th</sup> Avenue, Thornton, CO 80241

Office: 720-972-4272  
Fax: 720-972-3880  
www.adams12.org