

Kindergarten – First Grade Early Entrance Application 2017-18 School Year

Adams 12 only accepts Early Kindergarten/1st grade Entrance Applications from families residing within district boundaries. Families who live outside of district boundaries should contact their home district for their early entrance process.

(Please Print Clearly)

(Check male or female)

Student Name: _____ DOB ____ / ____ / ____ M F

Home/Boundary 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 (s): _____

This application is for? Kindergarten Early Entrance First Grade Early Entrance

Are you planning to apply for Choice? Y N Choice School (s): _____

Are you planning on applying to Hulstrom K-8? Y N

Has your child already received GT or IQ testing? Y N (If yes, please attach a copy of test scores.)

Has your child been identified as having an educational disability? Y N (If yes, please attach a copy of the IEP or 504.)

Are any special services (PCD, OT, speech, health etc.) required? _____

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

Extended Day Kindergarten Program classes are tuition based programs that follow the normal school day, and availability is dependent upon space if Early Entrance is approved. Y N

Families should contact the school their child is hoping to attend so they may plan for space requirements.

Y N

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. Y N

There will be an initial \$25 screening fee associated with this Early Entrance process and must be paid upon submission of this application. An additional \$225 will be charged if further IQ testing is warranted to determine highly gifted status. In order for these fees to be waived a Free/Reduced Lunch Program application must be completed. If IQ testing is obtained by families please submit the full testing report with your application.

Y N

This application is for Highly Gifted children (97th percentile). Y N

Parent/Guardian 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 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

Advanced Academic & Gifted Services

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