

Early Enrollment Forms

PETITION FOR EARLY ENROLLMENT

EARLY ADMISSION TO KINDERGARTEN

I am requesting early admission to kindergarten in the Henry County Public Schools, pursuant [KRS 158.030](#).

STUDENT NAME _____ MALE FEMALE

BIRTHDATE: _____ AGE _____ GRADE LEVEL FOR THE ____ - ____ SCHOOL YEAR _____

PARENT NAME (Please Print) _____

ADDRESS (Please Print) _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

TELEPHONE NUMBER (Home) _____ (Work) _____ (Cell) _____

REQUEST PETITION FOR EARLY ENROLLMENT

REASON(S) FOR REQUEST _____

I understand the following:

1. _____ Upon entry into the kindergarten program, my child will be screened using the Kentucky Kindergarten Readiness Screener, the Brigance. Those screening results will be used to plan my child's academic program, and will be shared with me, along with the kindergarten teacher's interpretation of what the screening data mean in regard to my child's anticipated kindergarten success. A social/emotional inventory will also be required as a part of this screening.
2. _____ My child will be provided the same rigorous kindergarten program and supports as all other students attending kindergarten in the Henry County Schools. This includes curriculum content and instruction, assessment, daily schedule, and behavioral expectations.
3. _____ My child's progress and performance will be measured using the Kentucky Academic Standards as a guide, with attention to those standards specific to kindergarten.
4. _____ My child will not be promoted and/or retained as a part of his/her public school experience because of chronological age/birthdate.
5. _____ I may rescind my request for early entry to kindergarten and withdraw my child from kindergarten by providing the school Principal with a written request.

Parent/Guardian Signature

Date

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CONSENT TO SCREEN FOR EARLY ENTRANCE ADMISSION TO SCHOOL

Child's Name: _____ Date of Birth: _____

SEEKING EARLY ENTRANCE FOR KINDERGARTEN

I give permission for an individual screening of my child

I understand that the screening will be conducted by qualified District staff through the use of the DIAL-4 Screener. The assessment tool was selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. Screenings shall be administered in the child's native language or other mode of communication.

I have been advised in my native language or other mode of communication and understand the contents of this consent.

Parent/guardian Signature _____
Date

FOR OFFICE USE ONLY

DIAL-4 Screener	Motor _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Concepts _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Language _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Self Help _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Social/Emotional _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Scores on DIAL-4 at/or above 85 th percentile.		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Early Entrance: Recommended/Approved Not Recommended

Comments: _____

School of Attendance: _____

Review/Revised:2/23/2017