



Application for Early Entrance Five Year Old Kindergarten Program

W360N7077 Brown St
Oconomowoc WI 53066

Please complete this application by April 1 if you feel that your child demonstrates academic achievement, social, emotional, and physical maturity appropriate for five-year-old kindergarten placement, and should be considered for early placement in kindergarten and has a birth date that occurs after September 1. Return this application to the Director of Student Services office with a copy of your child's birth certificate for birthdate verification – we will not keep a copy of the birth certificate.

Child's Name _____ Birthdate ____ / ____ / ____
 Last First MI
 Address _____
 Street City State Zip
 Gender: Male Female Ethnicity: American Indian Asian/Pacific Islander African American White Hispanic
 Home School _____
 Parent/Guardian _____ Home Ph _____ - _____ - _____ Work Ph _____ - _____ - _____

Preschool Experience

List the preschools, Head Start, and/or other programs attended (ex: church school, library time, etc.). Include the dates of attendance and the approximate number of hours per week attended.

Name of School/Program	Dates of Attendance	# Hours/Week

Parent Checklist

The seven broad developmental dimensions provide the framework for the kindergarten instructional program. This checklist will help in determining your child's readiness for our kindergarten program. Please read each statement and indicate your child's abilities as listed below by checking the appropriate column.

	Frequent	Sometimes	None of the Time
Physical Well-Being and Motor Development			
Performs self-help tasks independently (dressing, zipping and tying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses eye/hand coordination to perform fine motor tasks (drawing, writing, and cutting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses balance and control to perform large motor tasks (walking, jumping, and skipping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal and Social Development			
Shows eagerness to learn (is curious, likes to investigate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows rules and routines (cleans up at play time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles change and transition (dinner time to bedtime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts easily with one or more children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Checklist (continued)

	Frequent	Sometimes	None of the Time
Language and Literacy			
Listens for meaning in stories, discussions and conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks clearly, to share ideas and thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify beginning sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses letters and words to write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical Thinking			
Can recognize numbers 0-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can orally count forward to 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can recognize, duplicate, and extend simple patterns (circle-triangle, circle-triangle, circle-triangle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can recognize and describe attributes of shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific Thinking			
Uses a magnifying glass to look at different objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies, describes, and compares properties of objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes characteristics and basic needs of living things (food, water, shelter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship			
Recognizes self and others as having same and different characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes roles and responsibilities of people (Firefighters put out fires)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes the reasons for rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Arts			
Likes to paint and draw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to sing and dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can share ideas about drawing/painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Questionnaire

Directions: Please answer each question below. If additional space is needed, use the back of this form.

1. Why do you feel your child should be considered for early entrance to kindergarten?

2. Do you have any concerns about your child's health/development?

3. What responsibilities does your child have at home? What do you do when your child does not follow through?

4. How does your child respond when he/she tries but can't do something?

5. What types of reading activities does your child engage in at home?

6. What kinds of experiences has your child had with writing tools, such as crayons, pencils and markers?

7. What does your child know about numbers, shapes, and patterns?

8. How does your child handle transitions and new situations?

9. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns, and cooperates with peers.

I have received the information regarding early entrance to five year old kindergarten. I understand and will abide by the guidelines and procedure. The information provided is accurate to the best of my knowledge.

Parent Signature

Date

For Office Use Only: Date Received _____ Initials of Receiver _____ Date for Evaluation _____

 **Return completed form to Director of Student Services Office** 
 W360N7077 Brown St – Oconomowoc WI 53066