POLICY: JEB-E
Approved: March, 2002
Approved: March 22, 2010

SCHOOL DISTRICT OF HARTFORD JOINT #1

Application for Early Admission

Child's Name _____ Child's Date of Birth _____

Address _____

Parent/Guardian _____ Phone(s) _____

Date _____ Gender of Child: M or F

If child is in preschool setting, please obtain same information from preschool provider.

1. Why do you think your child should be admitted early to kindergarten? Include all the factors that entered into your decision to request early admission. Attach any data you feel would support your application. Use additional pages if necessary.

2. Describe how your child's intellectual development is superior in comparison to other children his/her same age.

3. Describe how your child's emotional development is superior in comparison to other children his/her same age.

4. Describe how your child's motor (fine & gross) development is superior in comparison to other children his/her same age.

5. Describe how your child's language development is superior in comparison to other children his/her same age.

6. Describe how your child's math and reading readiness is superior in comparison to other children his/her same age.

7. Describe how your child's social skills development is superior in comparison to other children his/her same age.

NOTE: Return this form to: Pupil Services Director
School District of Hartford Joint #1
675 E. Rossman Street
Hartford WI 53027