



Groveport Madison Schools

4400 Marketing Place, Suite B
Groveport, OH 43125

Early Entrance to Kindergarten Application

As stated in *A Parent's Guide to Early Entrance to Kindergarten*, Early Entrance is designed for the exceptional (gifted) child, who is academically ready and developmentally mature compared to others of the same chronological age. Early Entrance aims to help identify children with above-average intelligence, accelerated academic skills, and well-developed social-emotional status for which early entrance would be in their best interest to address their educational needs. According to the State of Ohio's Model Student Acceleration Policy for Advanced Learners, Early Entrance is a subject addressed through gifted education.

Please read *A Parent's Guide to Early Entrance to Kindergarten*. Complete this application only if you feel your child demonstrates the academic achievement and social, emotional, and physical maturity appropriate for kindergarten placement necessary for consideration as a candidate for early admission to kindergarten.

A copy of the child's birth certificate must accompany this application.

Child's Name _____

Date of Birth _____ Male _____ Female _____

Address _____
Street City Zip

Name of Custodial Parent(s)/Guardian(s) _____

Telephone Number(s) _____

Preschool Experience (Please attach Preschool Report Card if available)

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

Has your child previously been administered any academic/cognitive assessment? * _____

If yes, administered by: Preschool _____ or Privately (please name) _____

Name of test: _____ Date administered _____

Test results: _____

**Please attach a copy of the results.*



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1. Please indicate the early childhood traits that may demonstrate your child is advanced for his/her age:

- | | |
|--|--|
| <input type="checkbox"/> Early speech development | <input type="checkbox"/> Use of advanced vocabulary |
| <input type="checkbox"/> Keen observational skills | <input type="checkbox"/> Early reading (common signs/sight words, beginning books) |
| <input type="checkbox"/> Strong memory | <input type="checkbox"/> Walked early, well developed use of hands for activities |
| <input type="checkbox"/> Asks many questions; is curious | <input type="checkbox"/> Ability to concentrate on tasks for long periods of time |
| <input type="checkbox"/> Good sense of humor | <input type="checkbox"/> Ability to recognize patterns and relationships |

Other indicators:

2. Why do you feel that your child would be ready for a kindergarten program? Please comment on your child's social behavior, attitude towards learning, academic skills, ability to follow routines, etc.

3. Please check the following skills that your child currently exhibits:

- | | |
|---|--|
| <input type="checkbox"/> Points to letters when named | <input type="checkbox"/> Names letters |
| <input type="checkbox"/> Identifies beginning sounds | <input type="checkbox"/> Identifies basic sight words |
| <input type="checkbox"/> Recognizes first name | <input type="checkbox"/> Prints first name |
| <input type="checkbox"/> Tells simple story from pictures | <input type="checkbox"/> Retells a simple story in sequence |
| <input type="checkbox"/> Follows two-step directions | <input type="checkbox"/> Understands and names rhyming words |
| <input type="checkbox"/> Identifies numerals 0 – 20 | <input type="checkbox"/> Orally counts from 0 – 20 |
| <input type="checkbox"/> Counts 10 objects | <input type="checkbox"/> Sorts by category (size, shape, color) |
| <input type="checkbox"/> Identifies basic shapes | <input type="checkbox"/> Identifies basic colors |
| <input type="checkbox"/> Draws/copies basic shapes or letters | <input type="checkbox"/> Completes fine motor tasks (cuts, pastes, writes) |
| <input type="checkbox"/> Shares with others | <input type="checkbox"/> Takes turns |
| <input type="checkbox"/> Maintains self-control | <input type="checkbox"/> Works independently |



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4. Does your child participate in any activities or lessons (dance, art, sports, music, etc.)? _____

If Yes, please list:

5. How does your child approach a challenging task? Please provide an example. (Is your child frustrated or disinterested when presented with new challenges? Is your child receptive and enthusiastic about new challenges? Does your child actively seek and persist in new and rigorous challenges?)

6. How does your child handle frustration?

7. How does your child interact with adults (For example, community members, neighbors, authority figures)?

8. How does your child relate to his/her age peers?

9. Describe your child's preferred playmates and activities: (For example, does he/she prefer same age children, younger children, older children; group activities, small groups, individual play)?



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10. Please share any other relevant information that will assist us in assessing your child's readiness for Kindergarten (use back of page or separate page if needed).

Please call Marcy Ragland (614) 916-1173 to schedule an appointment to return this completed application. You will need to bring a copy of the child's birth certificate with you to the meeting.

For questions, contact Marcy Ragland at (614) 916-1173 or marcy.ragland@gocruisers.org.

Form Completion and Submission DEADLINE:

May 10

No exceptions