

APPLICATION
KINDERGARTEN EARLY ENTRANCE WAIVER
EAST ALLEN COUNTY SCHOOLS

Directions: Please complete the following form and return to the Office of Instruction and Student Support, 1000 Prospect Ave, New Haven, IN 46774. Parents will be contacted to schedule a date for student assessment.

Child's Name _____

Parents'/Guardians' Name(s) _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Child's Birth Date _____

Preschool Experience (please list preschools and/or daycares that your child has been enrolled in/attended)

| Name of School | Address | Dates Attended (month/year) |
|----------------|---------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Briefly tell why you feel your child would benefit from early entrance to kindergarten (examples may include name, number/letter recognition, colors, shapes):

Parent/Guardian Signature

Date

For office use only:

Date Received by Instruction Dept.: _____ **Scheduled Date of Assessment:** _____

Application Approved or Denied: _____ **Date Parents Notified of Decision:** _____