APPLICATION FOR EARLY ADMISSION TO 4K/5K PROGRAM
OR ADMISSION TO FIRST GRADE BY EXEMPTION

Prescott School District
Prescott, Wisconsin 54021

Child's Name _____ Sex _____ Birthdate _____

Father's Name _____ Mother's Name _____

Address _____ City, State, Zip _____

Telephone (home) (work) (cell) _____ Telephone (home) (work) (cell) _____

☐ 4K Early Admission ☐ 5K Early Admission ☐ 1st Grade Admission by Exemption

Please complete the following information and return it in the self-addressed envelope:

1. Describe why you feel your child should be considered for admission to school. Please provide additional supportive evidence from outside sources.

_____

_____

_____

a. List your child's strengths as you see them.

_____

_____

_____

b. List any concerns that you may have about your child.

_____

_____

_____

2. Has your child been enrolled in any kindergarten, preschool or day care programs? If yes, indicate below:

School Year	Name of Program	State	Hours per Day

I am requesting that my child be considered for early admission to Kindergarten. I give my permission for my child to be evaluated and tested by the Licensed School Psychologist and other school personnel, the reasons supporting the recommendation(s), and possible alternatives in the event early admission is denied. I also understand that I may appeal a denial of early admission to the District Administrator.

_____ _____
Signature of Parent/Guardian Date