

Crestview Local Schools
Request for Early Entrance to Kindergarten

Submit to: Superintendent

Student's Name: _____ Date of Birth: _____

Parent(s) Name(s): _____ Phone (home): _____

_____ Phone (work): _____

Address: _____

Reason for request:

Signature of person initiating request Title Date

Previous school experiences (include addresses and phone):

If deemed necessary by the team, I give my permission for Crestview Local Schools to conduct standardized assessments.

Parent/Guardian Signature

Date

Superintendent Signature

Date

Copies sent to:

___ Gifted Coordinator

___ Building Principal

___ EMIS Coordinator