

CANNON FALLS ELEMENTARY SCHOOL

EARLY ADMISSION POLICY – KINDERGARTEN

It shall be the policy of the School District to allow a child to enter kindergarten prior to the child being five (5) years old on or before September 1 as provided for in M.S. 120A.20, subd. 1. The following criteria must be met:

1. The child will be five (5) years old on or before November 1 of the year for which early admission is requested.
2. The application for early kindergarten admission is completed and returned to the District Office by April 1, preceding the academic year for which the request is being made.
 - a. Exceptions will be made for families which have moved into the District after April 1, immediately preceding the year for which early admission is made. In no case will an early application be considered after August 1.
3. To be allowed the opportunity for early admission, a child must demonstrate:
 - a. Intellectual functioning at or above the 90th percentile in comparison with chronological aged peers. Intellectual functioning is to be determined by the individual administration of an intellectual assessment by a licensed or certified psychologist recommended by the school administration. The cost involved shall be the responsibility of the parent or guardian.
 - b. Readiness development skills that are equal to or exceed that of 90% of entering kindergarten students. Readiness development is to be assessed through the administration of one or more readiness surveys.
 - c. Social maturity and adaptive behavior at a level sufficiently high to predict school success. This shall be a judgment on the part of the psychologist based on contact with the child and consultation with a kindergarten teacher.
4. The recommendation for early kindergarten admission will be made by a committee including, but not limited to, the Elementary Principal and the kindergarten teachers.
5. All procedures outlined shall be conducted in consultation with the parent or guardian.

KINDERGARTEN EARLY ADMISSION FORM

Child's Name: _____

Birth Date: _____ Age: _____

Sex: _____ Male _____ Female

Name of Parents or Guardians: _____

Home Address: _____

Phone Number: _____

Complete and return this form to the District Office on or before April 1, preceding the fall school term for which admission is requested.

Parents or Guardians Signature: _____

Date: _____

Date returned to School District Office: _____

