

**APPLICATION FOR ENROLLMENT OF
UNDER-AGE KINDERGARTEN STUDENTS**

Name of Student: _____

Social Security Number: _____ Date of Birth: _____

Parents' Names: _____

Address: _____

Phone: _____ Children in Family: _____

School to Attend: _____

Why do you wish for us to consider your child for early enrollment? _____

Do you understand that, if accepted, it will be on a provisional basis only, and that their enrollment may be discontinued due to a number of circumstances?

Yes _____ No _____

*I understand that my child can not enter 1st Grade earlier than the State approved birthdate, even though he/she may be accepted into this program.

*I understand the provisions of the early enrollment program and agree to them. I also give permission for Scott County School Personnel to evaluate my child to determine their level of development.

(Parent's Signature)

(Date)