



To complete this form electronically,
it must be opened in Adobe Reader!

Early Entrance Assessment Request

Birthdate (MM/DD/YY)	Enrolling Grade Level
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Student Legal Last Name	Student Legal First Name	Student Legal Middle Name	Gender	Also known as
Student Preferred Last Name <i>OPTIONAL</i>	Student Preferred First Name <i>OPTIONAL</i>	Preferred Middle Name <i>OPTIONAL</i>	Preferred Gender <i>OPTIONAL</i>	

Preschool Previously Attended

Previous School City & State or Country

Has your child ever qualified for or been enrolled in a Special Education Program? Yes, currently Yes, in (MM/DD/YY) _____ Never

Student's Resident Street Address	Apt/Unit #	City	State	Zip Code
Student's Mailing Address (if different from above)	Apt/Unit #	City	State	Zip Code

Guardian 1 in the Primary Household

Parent/Guardian Full Name	Primary Phone	Work Phone	Cell Phone
Email Address	Relationship to Student <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Aunt <input type="checkbox"/> Other <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Uncle		

Guardian 2 in the Primary Household

Parent/Guardian Full Name	Primary Phone	Work Phone	Cell Phone
Email Address	Relationship to Student <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Aunt <input type="checkbox"/> Other <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Uncle		

Parent/Guardian Signature

Date

For District Use Only

Processed and scanned to building Principal

Date

Assessment Reviewed by Accept Deny