Number of Request\_\_\_\_\_\_\_\_\_\_

**CABELL COUNTY PUBLIC SCHOOLS**

**REQUEST FOR ADVANCED ENTRANCE INTO KINDERGARTEN**

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| **STUDENT INFORMATION** |
| Student’s Name |  |
| Street Address |  |
| Mailing Address |  |
| Telephone No. |  |
| School |  |
| Age |  |
| Date of Birth |  |

**Cabell County Board of Education Policy 5112 provides for advanced entrance into Kindergarten for children who will be five (5) years of age between July 1 and August 31.**

I hereby request that my child be permitted to be placed in kindergarten for observation through the advanced entrance provision of Cabell County Schools’ **Policy 5112**. I understand that there must be room in the class for my child to be considered for entry and my child must wait until the fifth day of school to attend. I also understand that my child must demonstrate mental and physical competence sufficient for kindergarten placement. The school will notify me of the status of my request as soon as possible.

The observation process has been explained to me and I understand I will be informed by the school principal as to my child’s status for permanent placement.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal or Designee Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |