

**APPLICATION FOR EARLY KINDERGARTEN ENTRANCE**

**Department of Student Services**

**Lincoln Public Schools**

**Lincoln Nebraska**

**PLEASE COMPLETE THIS FORM IF YOU THINK:**

\* that your child demonstrates academic achievement, social, emotional, and physical maturity appropriate for kindergarten placement,

\* has a birth date that occurs between August 1 and October 15,

\* and should be considered for early placement in kindergarten.

Student legal name \_\_\_\_\_

Preferred name \_\_\_\_\_

Birthdate (month/day/year) \_\_\_\_\_ Primary language spoken by the student \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Unlisted      Yes      No

Parent Email address \_\_\_\_\_

**Who is the student living with?**

Adult in Household \_\_\_\_\_ Gender:      M      F

Relationship to student \_\_\_\_\_

Adult in Household \_\_\_\_\_ Gender:      M      F

Relationship to student \_\_\_\_\_

Primary language spoken by the family \_\_\_\_\_

Student legal father \_\_\_\_\_

Has your child previously been enrolled in kindergarten or special education? If yes, please describe.

**OFFICE USE ONLY**

\_\_\_\_ Birth certificate attached (copy)

\_\_\_\_ Testing appointment scheduled: Date and Time - \_\_\_\_\_

\_\_\_\_ Interpreter needed: Language - \_\_\_\_\_