

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating, developing, and inspiring our students for lifelong success.

Series Number 501.2.2P Adopted March 1989 Revised March 2024

Title Request for Consideration for Early Entrance to Kindergarten

Independent School District 196 parents or guardians may request consideration for their child's early entrance to kindergarten if the child will turn five years of age September 2 – October 31.

Complete and return this form to the Director of Elementary Education between January 1 and May 31 of the year you want your child to start kindergarten. Include a copy of the child's birth certificate or other documentation of age and legal name and the non-refundable \$200 fee*. The parent or guardian will be contacted to schedule an evaluation to be conducted in June to assess whether the child is ready to begin kindergarten one year early. The child must score at or above the 95th percentile on the psychological evaluation and possess other attributes of kindergarten readiness in order to be considered for early entrance. **Need-based scholarships may be available.*

Child's name _____ M or F Birthdate _____
please print first last circle one month/day/year

Name of parent or guardian _____

Phone numbers _____
home work cell

Address _____

City _____ Zip _____ Email _____

District 196 elementary school attendance area _____

In order to be granted early entrance to kindergarten, a child must demonstrate significantly above average intellectual abilities in addition to having other attributes of kindergarten readiness. Please describe how your child displays significantly high intellectual abilities in comparison to others their age? _____

- ☐ A copy of my child's birth certificate or other documentation of age and legal name is enclosed.
- ☐ The \$200 non-refundable assessment fee (payable to Independent School District 196) is enclosed.
- ☐ I request a need-based scholarship. I have applied and qualify for educational benefits. *Note: Contact the Department of Elementary Education or Nutrition Services with questions about how to apply for educational benefits*

I consent to a psychological evaluation of my child to determine his or her readiness to enter kindergarten early.

X _____
Signature of parent or guardian

Return to: Director of Elementary Education
Independent School District 196
3455 153rd St. West
Rosemount, MN 55068

For department use only:

- ☐ Verification of birthdate:
birth certificate
- ☐ \$200 fee received
- ☐ Application(s) received