



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

≈

Spring Green, Wisconsin 53588

≈

Phone: 608-588-2551

421-Exhibit (1)

Application for Early Admission to Kindergarten/First Grade

(This applies to children who turn 5/6 years old after September 1)

Child's Name: _____ Sex: _____ Birth Date: _____

Father's Name: _____

Mother's Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: (Home) _____ (Work) _____

Reason for Request: _____

I am requesting that my child be permitted early admission to kindergarten/ first grade. I give my permission for my child to be evaluated and tested by a certified School Psychologist and other school personnel, where appropriate, at no cost to me. I realize that if early admission is granted, the placement will be reviewed after six weeks to determine if it is, in fact, appropriate for my child.

(Signature of Parent/Guardian)

(Date)

(Signature of Principal)

(Date Received/Interviewed)

APPROVED: August 12, 1993