

**School District of New Berlin
Request for Early Admission into Kindergarten/First Grade**

Parent Application

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|--------------------------|-------------|
| Student Name: | Birth Date: |
| Name of Parent/Guardian: | |
| Home Address: | |
| Home Phone: | Work Phone: |
| Date Submitted: | |

Please answer the following questions as accurately and completely as you can. The information you provide will help assist us in determining your child's readiness for school.

1. What do you consider your child's strong points?

2. What are your child's weaker areas?

3. What is the general status of your child's health?

4. Has your child ever attended day care, nursery school, or any other type of pre-school program? (Please list dates and places)

5. How well does your child follow directions?

6. How well can your child use language to communicate thoughts and ideas?

7. How long can your child attend to a story or activity (other than a TV program or video game)?

8. About how often does your child have an opportunity to play with other children?

9. What role does your child take when playing with a group of children? (More of a follower or a leader?)

10. How well can your child work independently?

11. Has your child expressed an interest in attending school?