PEORIA PUBLIC SCHOOLS
ACADEMICALLY GIFTED PROGRAM
EARLY ENTRANCE TO KINDERGARTEN REFERRAL FORM

Please refer to the District Gifted and Talented Plan for additional information on early entrance to kindergarten procedure.

Please complete and return to the Office of Student Assignment:

You MUST include:
1) Referral/Application
2) Permission to Test Form
3) $70.00 Fee or Fee Waiver Form

TODAY’S DATE: ____________________

LEGAL NAME OF CHILD:
____________________________________________________________________ LAST
FIRST ___________________ MIDDLE ____________________________________

SEX:  M _____ F _____ BIRTHDATE: ________________________________
Children will be considered for early entrance to kindergarten if their fifth birthday falls between September 2 and December 31.

GOES BY NAME (ONLY IF DIFFERENT)
____________________________________________________________________
LAST ___________________________________ FIRST ____________________

STUDENT LIVES WITH:
____________________________________________________________________
FATHER’S (or stepfather’s) NAME: ____________________________________________

MOTHER’S (or stepmother’s) NAME: ____________________________________________

ADDRESS: ___________________________________________________ ZIP: __________

HOME PHONE: ________________ CELL PHONE: __________________________

Brief explanation of why you think your child would be a good candidate for early entrance to kindergarten:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I agree to have my child screened for early entrance to kindergarten. I agree to provide transportation to the testing site once scheduled. If I cannot keep my appointment, I will call 24 hours in advance to re-schedule.

Parent Signature ___________________________________ Date________

Applications must be received by July 1, 2013 to be considered for the 2013-2014 school year.
Fee Waiver Request Form

* required

* Full Name:

_________________________________________________________

* Current Address:

________________________________________________________

* City: ________________________________  * State:___________

* Primary Phone:

_________________________________________________________

E-Mail Address:

_________________________________________________________

I would like to request a fee waiver for my Early Entrance to Kindergarten application and understand the following terms:

• Office of Student Assignment must receive and process my fee waiver request BEFORE I schedule the screening/testing date.
• There are a limited number of fee waivers available.
• Fee waivers are only available to applicants who satisfy the financial requirements described in the district’s free and reduced lunch policy.
• Fee waivers are awarded on a first-come, first-served basis. The deadline to apply for a fee waiver is
• If I receive a fee waiver, I must keep all scheduled screening appointments as well as the simulated kindergarten experience appointment.

* My household’s annual income for the year 2012 was

$________________________

* The number of members of my household is:

__________________________________________

(Please check box):
□ * I understand that all fee waiver requests must be received at Office of Student Assignment by July 1 to be considered.

* Applicant’s Signature:

__________________________________________

* Date: __________________________