

Application for Early Entrance to Kindergarten  
Switzerland of Ohio Local School District

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Date: \_\_\_\_\_

Gender:  Male  Female

Home School: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list all school age siblings of the student:**

Name	School	Grade	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PRESCHOOL EXPERIENCE**

Please list all the preschools, Head Starts, special education, and/ or other child care that your child has attended. Include the date of attendance and the approximate number of hours per week attended.

Name of School/Program	Dates of Attendance	# of Hours/Week
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete the following checklist and questionnaire:

For School Office use Only: Date Received \_\_\_\_\_

Name of Person who received application: \_\_\_\_\_

Send application to: George Wells Coordinator of Gifted Services  
46601 State Route 78, Woodsfield, Ohio 43793 Phone: 740-472-0722 ext. 4506  
Fax: 740-472-0367 email to: george.wells@omeresa.net

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**Parent Checklist**

The seven broad dimensions provide the frame work for the kindergarten instructional program. This checklist will help in determining your child’s readiness for our kindergarten program. Please read each statement and indicate your child’s abilities as listed below by checking the corresponding box.

Physical Well-Being and Motor Development	Frequently	Sometimes	Never
Performs self-help tasks independently (dressing, undressing, zipping and tying)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses eye/hand coordination to perform fine motor tasks (drawing, writing, and cutting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses balance and control to perform large motor tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal and Social Development	Frequently	Sometimes	Never
Shows eagerness to learn (is curious, likes to investigate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows rules and routines (clean up at play time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles change and transition (dinner to bedtime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts easily with one or more children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language and Literacy	Frequently	Sometimes	Never
Listens for meanings in stories, discussion, and conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks clearly, to share ideas and thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify beginning sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses letters and words to write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical Thinking	Frequently	Sometimes	Never
Can recognize numbers 0-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can orally count forward to 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can recognize and describe attributes of shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can recognize, duplicate, and extend simple patterns (circle-triangle, circle-triangle, circle-triangle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Parent Checklist (continued)

Science/ Social Studies	Frequently	Sometimes	Never
Identifies, describes and compares properties of objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes characteristics and basic needs of living things (food, water, shelter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes self and others as having same and different characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes the reasons for rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parent Questionnaire**

Please answer each question below. If additional space is needed, use the back of this form.

1. Why do you feel your child should be considered for early entrance to kindergarten?
  
  
  
  
  
  
  
  
  
  
2. What responsibilities does your child have at home?
  
  
  
  
  
  
  
  
  
  
3. What types of reading activities does your child engage in at home?
  
  
  
  
  
  
  
  
  
  
4. How does your child respond when he/she tries but can't do something?

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Parent Questionnaire (Continued)

5. What kinds of experiences has your child had with writing tools, such as crayons, pencils, and markers?

6. What kind of technology is your child use to using? (Example: Computer, IPAD, Tablet)

7. What does your child know about numbers, shapes, and patterns?

8. How does your child handle transitions and new situations?

9. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns, and cooperates with peers.

10. What kinds of activities does your child participate in outside of the home?