

Child's Name: _____ Date of Birth: _____

The child named above has his/her fifth birthday between September 2, 2024 and December 31, 2024. This application shall serve as my written notification to the Chaplin Public School District **that I am requesting my child be enrolled** in Kindergarten at Chaplin Elementary School for the 2024-2025 school year.

Please provide at least four examples of how your child exhibits School Readiness.

- 1) _____

- 2) _____

- 3) _____

- 4) _____

Has your child attended a formal preschool program? If yes, please provide the program's name, year(s) of attendance, and a contact person.

Program Name and address: _____

Dates of attendance: _____

Contact Person and phone number: _____

By signing below, I give the school permission to contact the person listed above in order to obtain anecdotal information concerning my child that will aid in the decision making for early acceptance.

Please include a copy of the documents listed below for verification of age when sending in your completed waiver application.

Birth certificate (court record or citizenship record if necessary)

Parent/Guardian Name printed Parent/Guardian Signature Date

Parent/Guardian email: _____

Parent/Guardian Phone: _____

For Office Use

Date Received: _____ By whom: _____

Communication with Parent/Guardian: _____