1. List names and birth dates of brothers and/or sisters:

2. Is this child able to dress completely without help, except for tying shoes?  □ Yes  □ No

   Including tying shoes?  □ Yes  □ No

   Able to dress in winter clothing?  □ Yes  □ No

3. At what age: Did your child walk? ________________

   Talk? ________________

   Was toilet trained? ________________

4. [Check (✓) one]:

   □ Does your child prefer to play alone?

   □ With one or two other children?

   □ With a group of children?

5. [Answer with a number]:

   How many of your child's playmates are already in school? _____

   Entering kindergarten? _____

   Still too young for school? _____

6. What are your child's favorite play activities with other children?

7. What stories has your child particularly enjoyed?

8. What are your child's favorite television programs?
9. In what family activities does your child like to participate?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

10. Are there limitations to physical activities? If so, state reason.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

11. Child's present height

Child's present weight

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. What have your child's preschool experiences been thus far?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

13. If he/she has attended a nursery school or day care, list school's name, and number of years of attendance.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

14. Please state the reasons why you wish your child to enter kindergarten early. Include your personal evaluation of your child's exceptional mental ability, and social and emotional maturity. Since you spend so much time with your child, your observations are important.

________________________________________________________________________

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__________________________

SIGNATURE: 
Parent/Guardian

__________________________

DATE: 

Special Note: To be given consideration, please;  
☐ Return completed questionnaire

☐ Attach a birth certificate

☐ Enclose a check for $125.00 (if you qualify for Free/Reduced lunch, you can request a fee waiver).

☐ Send these items by May 1st to: Stillwater Area Public Schools
Attention: Bob McDowell
1875 South Greeley Street
Stillwater, MN  55082