Early Entrance to Kindergarten Questionnaire

Child's Name: ___________________________________________  Verified

Parent/Guardian: ___________________________________________  Date Of Birth: _______________________

Address: ___________________________________________  Telephone#: _______________________

City: _______________________

Zip: _______________________

Elementary School Area: _______________________

Alternate Placement: _______________________

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?
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________

2020-2021 School Year

Stillwater Area Public Schools

Children are eligible to be assessed for early entrance to Kindergarten if their birthdate falls between
September 2, 2015 and October 31, 2015. Please return this completed questionnaire, your child's birth
certificate (which will be returned to you the day of assessment), and a check for $125.00 made out to
Stillwater Area Public Schools by May 1, 2020. If you decide not to have your child assessed, you may
request a refund of $100.00 ($25.00 non-refundable). Mail to: Stillwater Area Public Schools, Attention:
Bob McDowell, 1875 South Greeley Street, Stillwater, MN  55082.
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.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

SIGNATURE: ____________________________________________________________ DATE: ____________________
Parent/Guardian

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