



Early Entrance to Kindergarten Questionnaire

Children are eligible to be assessed for early entrance to Kindergarten if their birth date falls between September 5, 2018 and October 31, 2018. Please return this completed questionnaire, a copy of your child's birth certificate (which will be returned to you the day of assessment), and a check for \$125.00 made out to Hastings Public Schools by May 1, 2023. If you decide not to have your child assessed, you may request a refund of \$100.00 (\$25.00 non-refundable). All checks can be mailed to:

Hastings Public Schools
Attn: Rachel Larson
1000 W 11th St.
Hastings, MN 55033

Child's Name: _____ Verified Date of Birth: _____

Parent/Guardian: _____ Telephone #: _____

Address: _____ City: _____ Zip: _____

Elementary School Area: _____ Alternate Placement: _____

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

- _____
- _____
- _____
- _____
- _____
- _____

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

Talk? _____

Toilet trained? _____

4. Please check one of the following:

- Does your child prefer to play alone?
- With one or two other children?
- With a group of children?

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

5. Please fill in the following with a number:

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

Entering Kindergarten? _____

Still too young for school? _____

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

7. What stories has your child particularly enjoyed?

8. In what family activities does your child like to participate?

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

10. Child's present height _____

Child present weight _____

11. What has your child's preschool experiences been thus far?

12. If he/she has attended a prechool or daycare, list school's name and number of years of attendance.

13. 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: _____

Parent/Guardian

Date: _____

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

Attach a copy of their 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: Hastings Public Schools
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1000 W 11th St.
Hastings, MN 55033