

This is a request for early kindergarten admission for my child. I believe that my child is likely to benefit from advanced grade placement. I understand that my child will be assessed for intellectual, academic and developmental readiness and that there will be a fee for this assessment, regardless of whether or not my request is approved.

Child's name:		Date of birth:
	(please print, first middle last)	(must be Sept. 2–30 to be eligible,
Please state in you	r own words why you are requesting ea	rly kindergarten admission for your child:
Parent's signature:		Today's date:
Parent's name (ple	ease print):	
Address:		
Phone:	Email:	
There will be a \$2 a fee reduction if		for free or reduced-price school meals. your child's assessment. You may be eligible for chool meals based on your household income

Submit this form no later than <u>August 1</u> to:

4J Educational Support Services Attn: Early Entry Coordinator 200 North Monroe Street Eugene, OR 97402