

**Parkview School District**  
**Early Admission Questionnaire**  
(Due prior to April 1)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please answer the following questions as accurately as you can. The information you provide will assist us in determining your child's readiness for Early Admission.

1. Describe why you feel your child should be considered for early admission to school.

2. Has your child been enrolled in any kindergarten, preschool, or day care programs?  
(If yes, please indicate below)

<u>Name of Program</u>	<u>Days, attended per Week</u>	<u>Date/Year Attended</u>
------------------------	--------------------------------	---------------------------

3. Can strangers understand your child's speech?

4. Please indicate the approximate age your child achieved the following:

Walked: \_\_\_\_\_ Talked: \_\_\_\_\_ Toilet Trained: \_\_\_\_\_

5. Please comment on your child's favorite:

Indoor activities:

Outdoor activities:

