

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>
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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:

