



Application for Evaluation for Early Admission Lancaster City Schools

345 E. Mulberry Street
Lancaster, OH 43130

Telephone: 740-687-7306 Fax: 740-687-7303

Application Date: _____

Parents Name: _____
First Middle Last

Phone Number: _____ Cell Phone: _____

Childs Name: _____
First Middle Last

Address: _____
_____, _____
City State Zip Code

Child's Date of Birth: ____/____/____
Month Day Year

Pre-School Child Attends: _____

Pre-School Teacher's Name: _____ Phone: _____

Type of play or social experiences with other children: _____

Reason for applying for early admission: _____

General Health is: _____

Any physical impairment? (vision, hearing, speech)

Please sign the back and return to: Sheila Thompson
Address above

To make the best decision possible concerning early entrance for your child, we will need to administer one or more assessments. The assessments will help us determine your child's fine and gross motor skills as well as academic and cognitive skills. We may administer state-approved, nationally standardized achievement and IQ tests.

No assessment will be done without your written permission. Please read the information below and return it to Sheila Thompson, Office of Curriculum and Instruction, 345 E. Mulberry St., Lancaster, Ohio 43130 as soon as possible

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of my child's performance on these tests.

Permission is given to conduct assessment(s)

Permission is denied

Child's Name

Signature

Relationship to Child

Date