



Application for Evaluation for Early Admission To Kindergarten
Lancaster City Schools
2780 Coonpath Rd. NE
Lancaster, Ohio 43130-9343
Telephone: 740-687-7306 Fax: 740-687-7303
Email: g_ronan@lcsschools.net

Application date: _____

Parent/Guardian's name: _____
First Middle Last

Phone number: _____ Cell phone: _____

Email: _____

Child's name: _____
First Middle Last

Address: _____

City State Zip Code

Child's date of birth: ____ / ____ / ____
Month Day Year

Preschool child attends: _____

Preschool teacher's name: _____

Type of play or social experiences with other children: _____

Reason for applying for early admission to Kindergarten: _____

Child's general health: _____

Any physical impairment? (vision, hearing, speech) _____

Please sign the second page (back) and return to Gabrielle Ronan at the 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 sign and return to Gabrielle Ronan, Office of Curriculum and Instruction, 2780 Coonpath Rd. NE, Lancaster, Ohio 43130 as soon as possible. You can also email your application to: g_ronan@lcsschools.net.

I understand that if I grant permission by signing this form, below, 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 full name

Signature of parent/guardian

Relationship
to child

Date