



EARLY ADMISSION TO KINDERGARTEN SCHOOL REQUEST FORM 2018-2019

DISTRICT POLICY REGARDING EARLY ADMISSION INTO KINDERGARTEN:

Children who turn five on September 2 or thereafter through October 31 may be considered for admission into kindergarten based on the following procedures:

- Requests will be reviewed after the February school request deadline and will be honored on a space available basis.
- The Early Childhood Department will refer requests for early admission to the appropriate school. A school team will conduct a standardized assessment of the student’s social/emotional/behavioral functioning. Children who appear socially/emotionally ready for kindergarten will be referred to district staff for completion of the assessment process. District staff will assess academic readiness for kindergarten.
- Children will be admitted to their community school or schools with available space.

Student Information (please print)

Student Name: _____
last first name middle name

Birthdate: _____ Male Female MPS Student ID # _____

Entering grade 2018-2019: _____ Has the student been enrolled in MPS before? YES NO

Current school name: _____ City: _____ State: _____

Do you believe your child qualifies for free/reduced price lunch? YES NO

Does your child receive any special education services? YES NO

If YES, how long does the student receive special education services? Less than half (50%) of school day
 More than half (50%) of school day

Does your child have a serious health condition requiring care/assistance during the school day? YES NO

If YES, what is your child’s health condition: _____

Student Language Information:

In order to help your child learn, we need to determine which language your child uses most.

Please check the appropriate box below for each question.

Which language did your child first learn? English Other (specify) _____

Which language is spoken most in your home? English Other (specify) _____

Which language does your child usually speak? English Other (specify) _____

Student Ethnic Group:

1. Is the student Hispanic/Latino? YES NO If YES, what is the student’s primary race? (Please mark one)
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White
2. If not Hispanic/Latino, what is the student’s primary race? (Please mark one)
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White
3. Mark all other races that apply.
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White

Parent/Guardian Information (please print)

Parent/Guardian name: _____

Relationship to student: Mother Father Guardian

Home address: _____ Apt. # _____
You may be asked to provide proof of home address

City: _____ State: _____ Zip Code: _____

Daytime phone: _____ Evening phone: _____

E-mail: _____ Date: _____

Parent employee preference: I am a current benefit-eligible employee of the Minneapolis Public Schools.

Employee Name: _____

School site/Building: _____ Relationship to student: _____

First School Request

School Name: _____ Grade 2018-2019: _____

Do you have a child who already attends this school? YES NO Sibling Name : _____

Second School Request

School Name: _____ Grade 2018-2019: _____

Do you have a child who already attends this school? YES NO Sibling Name : _____

Parent/Guardian: _____

E-mail: _____ Date: _____

Parent/Guardian Signature: _____
Required to process this form

Due April 16, 2018

Please return to:
Student Placement Services
Special School District #1
1250 W. Broadway Ave
Minneapolis MN 55411-9934