## **Application and Consent for Kindergarten Early Entrance Evaluation**



NAME OF CHILD:	BIRTHDATE:
PARENT:	AGE:
ADDRESS:	PHONE:
NEIGHBORHOOD SCHOOL:	

I/we request that the Wahoo Public School District evaluate my/our child for early entrance into Kindergarten. I/we understand the evaluation will consist of cognitive assessments, basic concept/pre-academic assessments, social-emotional development assessments, and parent input.

I/we understand the reason for this evaluation and **give consent** for my/our child to be evaluated. I/we understand this consent is voluntary.

Signature	of	Parent
Signature	0I	Parent

□ The initial fee for the evaluation is \$50.00. If initial screening criteria are met, additional testing will be conducted and an additional \$50.00 will be collected at that time. If you believe you would qualify for a waiver due to economic hardship, please check the box and explain below:

Please complete and send to: Wahoo Public Schools c/o Brandon Lavaley 2201 N. Locust St. Wahoo, NE 68066 Date

Date