



## Request for Early Entrance to 5-Year-Old Kindergarten

**All requests must be received prior to August 1<sup>st</sup>.**

Children must be five years of age on or before September 1 to attend five-year-old kindergarten. The only exceptions are:

- Students who have completed a four-year-old kindergarten program. Applicants must provide verification of enrollment in a four-year-old kindergarten program and an end-of-the-year report card from the previous school showing successful completion.
- Students who were admitted into five-year-old kindergarten in another public school district prior to moving into the Madison Metropolitan School District. Applicants must provide verification of enrollment and actual attendance in five-year-old kindergarten.
- Students who turn five years old between September 2 and October 15. Applicants must submit verification of the student's birth date. Such students will only be considered for early entrance into five-year-old kindergarten upon parent/guardian request.

In order to request early entrance into five-year-old kindergarten parents/guardians MUST complete this application and submit all required verifications.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**MMSD School of Residence:** \_\_\_\_\_

**Parent Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City, State, Zip Code)

**Phone(s):** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Will your child be five years old on or before September 1? \_\_\_Yes; \_\_\_No

If NO, will your child turn five years old between September 2 and October 15? \_\_\_Yes; \_\_\_No

Has your child successfully completed a four-year-old kindergarten? \_\_\_Yes; \_\_\_No

(Over)

Was child admitted into a five-year-old kindergarten in another District? \_\_\_Yes; \_\_\_No

**Name of Program/School District of attendance (if applicable):**

\_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City, State, Zip Code)

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Have you also applied for your child to participate in the MMSD Dual Language Immersion (DLI) Program? \_\_\_Yes; \_\_\_No

If your child's birthday falls between September 2 and October 15, would you like the opportunity for your child to be assessed for kindergarten preparedness using a standardized assessment? \_\_\_Yes; \_\_\_No

Information should be provided to parents in \_\_\_ Spanish; \_\_\_ Hmong

Evaluation should be conducted in \_\_\_ Spanish; \_\_\_ Hmong

Language support is needed in another language \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send this form to:

Department of Early Learning  
545 West Dayton Street, Rm 125  
Madison, WI 53703

Or you can submit it electronically to: [sajansen@madison.k12.wi.us](mailto:sajansen@madison.k12.wi.us). Please contact us at (608) 663-5211 if you have any questions.