



Stow-Munroe Falls City School District
EARLY ENTRANCE TO FIRST GRADE
2022-2023 School Year
PARENT PERMISSION FORM

TODAY'S DATE: _____

NAME OF STUDENT:

(First) (Middle) (Last) (Nickname if any)

BIRTHDATE Month ____ Day ____ Year ____ SEX Male Female
(circle one)

BIRTHPLACE CITY/STATE/COUNTRY _____

ADDRESS _____

EMAIL ADDRESS _____

CITY _____ ZIP CODE _____ PHONE NO. _____

I, (please print your name), _____

am giving consent for my child to be considered for early entrance to 1st grade by the Stow-Munroe Falls City School District staff.

- I understand that my child must have successfully completed a kindergarten program that meets the requirements set forth by the Ohio Department of Education:
 - A public or chartered nonpublic school OR
 - A kindergarten program that is a.) offered by a day-care provider licensed under Chapter 5104 of the Ohio Revised Code (ORC); and b. if offered after July 1, 1991, is directly taught by a teacher who holds one of the following:
 - A valid certification/educator license issued under ORC Section 3319.22;



- A Montessori preprimary credential or age-appropriate diploma granted by the American Montessori Society or the Association Montessori Internationale;
 - Certification for teachers in nontax-supported schools pursuant to Section 3301.07.1 of the revised code; or
 - Determined to be developmentally appropriate
- I understand that it is my responsibility to provide information to the district regarding the name of the kindergarten program and the teacher.
 - I understand that the requirement to have successfully completed kindergarten may be waived if my student meets the criteria for acceleration as a gifted learner into first grade. Assessments approved by the Ohio Department of Education for the evaluation of gifted learners will be used in addition to components of the IOWA-Acceleration Scale, 3rd Edition to determine if my child qualifies for grade acceleration.

If required, the district's school psychologist will contact you to set up a time convenient for the evaluation and will share the results of the evaluation with you.

Parent Authorization and Agreement

Date

Parent Address

Daytime Telephone: