



**Stow-Munroe Falls City School District**  
**EARLY ENTRANCE TO KINDERGARTEN ASSESSMENT**  
**2022-2023 School Year**  
**PARENT PERMISSION FORM**

*(Stow-Munroe Falls City School District does not discriminate based on sex, race, national origin or religion)*

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 and evaluated for early entrance to kindergarten by the Stow-Munroe Falls City School District staff.

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, 3<sup>rd</sup> Edition.

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 Number