

**Stow-Munroe Falls City School District**  
*EARLY ENTRANCE APPLICATION (First Grade)*  
*2022-2023 School Year*

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. \_\_\_\_\_

\_\_\_\_\_  
FATHER OR GUARDIAN NAME AND OCCUPATION, PLACE OF EMPLOYMENT PHONE NO.

\_\_\_\_\_  
MOTHER OR GUARDIAN NAME AND OCCUPATION, PLACE OF EMPLOYMENT PHONE NO.

PRIMARY LANGUAGE OF STUDENT \_\_\_\_\_

NAME OF KINDERGARTEN SCHOOL/PROGRAM \_\_\_\_\_

NAME OF KINDERGARTEN TEACHER \_\_\_\_\_

OTHER PREVIOUS SCHOOL EXPERIENCES \_\_\_\_\_

List by schools/dates. (Nursery, Day Care, Head Start, Church School, etc.)

\_\_\_\_\_  
NAMES AND AGES OF BROTHERS AND SISTERS \_\_\_\_\_

**AUTHORITY FOR PROOF OF BIRTH:**

BIRTH CERTIFICATE: \_\_\_\_ CITY/COUNTY/STATE \_\_\_\_\_

PASSPORT: \_\_\_\_ COUNTRY \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

IF ADMITTED, CHILD WOULD BE ENROLLING IN: E F H I R W ELEMENTARY SCHOOL.

The Stow-Munroe Falls City School District Board Policy states that to be considered for early entrance to first grade a student must be evaluated using an acceleration process approved by the Ohio Department of Education. The results of the evaluation will be shared with you following the evaluation.

REASONS WHY MY SON/DAUGHTER SHOULD BE ADMITTED TO FIRST GRADE THIS YEAR:

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Please return application materials to:

Office of Special Services  
Attention: Early Entrance Application to Kindergarten  
4350 Allen Road  
Stow, OH 44224