

Canfield Local Schools

Referral Form for Early Entrance to Kindergarten

(for a child who will be 5 before January of year admission requested)

Child: _____ School: _____

1. Child's Birth date: _____ (Month/Day/Year)

2. Relationship of the Referring Individual to the Child (Check all that apply)
 - a. District Educator
 - b. Pre-School Teacher
 - c. Pediatrician
 - d. Psychologist
 - e. Parent

3. The individual initiating the referral should provide a written narrative in support of the referral:

Signature of Referrer or Parent

Phone Number

Date

Parent Signature (Permission to administer tests): _____

Date: _____