

Canfield Local Schools

Referral Form for Early Entrance to Kindergarten

(for a child who will not be 5 prior to January of the year admission is 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

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

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Signature of Referrer

Phone Number

Date

Parent Signature (Permission to administer tests): _____

Date: _____