



Special Referral Form

This form is required for children who will **not yet be the proper age for entrance to kindergarten (5) by the first day of January of the school year for which admission is requested.** A child can be evaluated for possible early admittance if referred by an educator within the district, a preschool educator who knows the child, or pediatrician or psychologist who knows the child.

Student's Name: _____ Birthdate: _____

Brief description stating reasons for the referral:

Person Referring: _____ Position: _____

Email: _____ Phone: _____

Relationship to the Student: _____

Signature

Date