



Application for Early Entrance First Grade Program

Department of Elementary Curriculum & Districtwide Programs
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 271-1
January 2016

DIRECTIONS: Please complete this application if you feel that your child demonstrates exceptional academic achievement and physical, emotional, and social maturity, and should be considered for early placement in first grade.

Child's Name _____ Birthdate ____/____/____
Last First MI

Address _____
Street City State ZIP Code

Gender: Male Female Home School _____

Parent/Guardian Name Mrs. Ms. Mr. _____

Phone: Home _____-_____-_____ Work _____-_____-_____ Cell _____-_____-_____

Parent/Guardian Name Mrs. Ms. Mr. _____

Phone: Home _____-_____-_____ Work _____-_____-_____ Cell _____-_____-_____

PRESCHOOL EXPERIENCE: Please list the preschools, Prekindergarten, Head Start, child care center, special education program, and any other day care program your child has attended. Include the dates of attendance and the approximate hours per week attended.

Name of School/Program	Dates of Attendance	No. Hours Per Week
_____	From ____/____/____, To ____/____/____	_____
_____	From ____/____/____, To ____/____/____	_____
_____	From ____/____/____, To ____/____/____	_____
_____	From ____/____/____, To ____/____/____	_____
_____	From ____/____/____, To ____/____/____	_____

Why do you feel that your child would be more appropriately placed in first grade instead of kindergarten? Comment on your child's social behavior, emotional development, academic skills, and learning habits.

Parent/Guardian Signature

Date