



## PICKERINGTON LOCAL SCHOOL DISTRICT WELCOME CENTER

30 Hill Road Suite 102, Pickerington, OH 43147

Phone: (614) 920-6180 Fax: (614) 833-2114

### Early Entrance Application

Student Name	
Date Submitted	
PLSD Building	
Parent/Guardian Name	
Address	
Phone Number(s)	
Email	

List the preschools and other day care programs attended. Please attach your child's most recent preschool report card or progress report if available.

Name of School	Type of Program (Circle One)	Dates of Attendance	Number of Hours/Day Number of Days/Week
	PreK Preschool Day Care Head Start		
	PreK Preschool Day Care Head Start		

#### Checklist

- Early Entrance Kindergarten Application
- Early Entrance to Kindergarten Questionnaire
- Copy of Birth Certificate

**Your signature indicates that you understand the PLSD policy regarding Early Entrance and grant permission for all testing and assessment related to Early Entrance.**

All early entrance applications for PLSD residents must be submitted no later than 60 calendar days prior to the first day of school in order to be processed. **No applications will be considered after this date.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Please Return To: Building Principal  
Early Entrance to Kindergarten Questionnaire**

**Please answer all of the following questions to the best of your ability.**

Child's Name: \_\_\_\_\_ Potential PLSD Building: \_\_\_\_\_

**1.) Please list all extracurricular activities the child has participated in during the past 2 years (examples may include athletics, martial arts, music or dance programs, church activities, language schools, clubs, art lessons, 4H, etc.).**

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**2.) Does the child have any siblings, half-siblings or step-siblings?  Yes  No**

**If Yes, please list names, ages and current grades of all siblings.**

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**3.) Please describe the child's general attitude toward school and overall motivation for learning. Areas that you may include are child's interests, challenges child enjoys, types of work child prefers, how child reacts to being bored, and child's own self-concept.**

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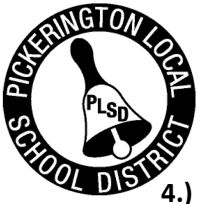
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**4.) Please describe your child's interpersonal skills with regard to his/her relationships with his age level peers and with older and younger students.**

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**5.) Please describe how your child reacts to situations in which he/she makes a mistake and is corrected?**

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**6.) Please describe your involvement as a parent in your child's education and academic progress.**

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**7.) Please provide any additional information about your child that you feel would be important for the acceleration committee to know.**

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