

18550 Millburn Road
Wadsworth, IL 60083



Phone 847-356-8331
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Early Admission to Kindergarten - Parent Application

Child's Name _____ Gender M F

Child's Birthdate _____ Home Phone _____

Address _____

Mother's Name _____

Address, if different from
child's _____

Email _____ Cell Phone _____

Father's Name _____

Address, if different from
child's _____

Email _____ Cell Phone _____

Siblings (age/grade)

Language(s) spoken at home:

PRE-SCHOOL(S) ATTENDED

Name of School/Program	Contact Information (Name and Phone #)	Dates of Attendance	# Hours Per Week

CONSENT and SIGNATURE

I give my consent for Millburn CCSD 24 to administer screening tools and conduct a pre-school observation to determine eligibility for early admission into Kindergarten for the _____ school year.

I give permission for _____ (school) to release information to Millburn CCSD 24, if applicable.

Since early admission to kindergarten exceeds State of Illinois requirements, I understand that the decision of the screening team is final.

✍️ Parent Signature _____ Date _____