

MEDFORD AREA PUBLIC SCHOOL DISTRICT

DATE ADOPTED:	March 17, 1987	FILE SECTOR:	STUDENTS
DATE REVISED:	October 22, 1992	POLICY TITLE:	ENTRANCE AGE
DATE REVISED:	April 3, 2002		
DATE REVISED:	August 21, 2008		
DATE REVISED:	October 16, 2014		
DATE REVISED:	December 18, 2014		

Children who meet the age requirements of this state shall be enrolled in pre-kindergarten, kindergarten and/or first grade at the beginning of the school year. Families who move into the district after registration should contact the school when this child will be enrolled or as early as possible. Upon enrollment of a child in pre-kindergarten, kindergarten or first grade, required documents including but not limited to a birth certificate and immunization records, shall be submitted in accordance with state and federal law and board policy.

The school shall enroll in pre-kindergarten only those children who have become four years of age on or before September 1 in the year he/she proposes to enter school. The school shall enroll in kindergarten only those children who have become five years of age on or before September 1 in the year he/she proposes to enter school. A child is eligible to enter first grade if he/she is six years old on or before September 1 in the year he/she proposes to enter school. A child whose birthdate does not meet the date requirements may apply for early admission to kindergarten or first grade. Applicants for early admission must meet the standards, conditions and procedures, and those adopted by the board of education.

A resident over 20 years of age may be admitted to school when, in the judgment of the building principal, the resident's attendance will not interfere with the pupils of school age.

Special Educational Programs: Enrollment Age

With parent(s)/guardian(s) request, multi-disciplinary screening will be provided to children who have reached the age of three to determine if a child has a disability. If so, and if the parent(s)/guardian(s) consent in writing, resident children with special education needs will be placed in an appropriate special education program.

CROSS REFERENCE: IGBA, JEB-R, JEC, & JHCB

LEGAL REFERENCE: Chap. 115, Sub. Ch. V, §118.14, 120.12(25), 252.04, Wis. Stats.

6. After the determination has been made, the building principal and the psychologist will convene a conference with the parent(s)/guardian(s). At this conference, the principal and the psychologist will convey the determination of the evaluation team, the reasons supporting the determination, and possible alternatives for students who are not recommended for early admission. A written communication of the conference, along with the recommendations, will be sent to the parent(s)/guardian(s). A copy will also be given to the supervisor of special education.
7. Parent(s)/guardian(s) may appeal the decision of the evaluation team to the district administrator, who will review the case and render a decision. If the parent(s)/guardian(s) are dissatisfied with the decision of the district administrator, he/she may appeal to the board of education. The board's decision will be final.
8. A child accepted for early admission must meet all other conditions for enrollment in the school district (e.g., immunization requirements).
9. If early admission is granted, the placement will be reviewed after six weeks to see if it is appropriate for the child. The child's parent(s)/guardian(s), classroom teacher and building principal will be involved in the review. If placement is found to be inappropriate at that time, the placement will be modified or denied by the building principal.

MEDFORD AREA PUBLIC SCHOOLS

APPLICATION FOR EARLY ADMISSION TO
PRE-KINDERGARTEN/KINDERGARTEN/FIRST GRADE

Name: _____ Sex: _____ Birthdate: _____

Father's Name: _____

Mother's Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone Number: (Home) _____ Work: _____

Reason for Request: _____

I am requesting that my child be permitted early admission to pre-kindergarten/kindergarten/first grade. I give my permission for my child to be evaluated and tested by a certified school psychologist and other school personnel, where appropriate, at no cost to me. I realize that if early admission is granted, the placement will be reviewed after six weeks to determine if it is, in fact, appropriate for my child.

Signature of Parent(s)/Guardian(s)

Date

Signature of Parent(s)/Guardian(s)

Date

Signature of Principal

Date Received

(Attach any pertinent interview notes)

Date of interview

MEDFORD AREA PUBLIC SCHOOLS

EARLY ADMISSION REFERRAL

Name of Student: _____ Grade: _____

Name of Parent(s)/Guardian(s): _____ Date: _____

1. Recommendation

Please provide a written statement as to why this student should be approved for early admission using the guidelines. Include the following factors in your recommendation: (1) academic ability, (2) description of child's social skills, (3) maturity level, (4) test scores.

2. Assessment and Staffing

- a.) Application for Early Admission submitted YES NO Date _____
- b.) Personal Interview held YES NO Date _____
- c.) Early Admission Evaluation/Testing YES NO Date _____
- d.) Evaluation Team meets/recommendations YES NO Date _____

Results _____

- e.) Conference with Parent(s)/Guardian(s) YES NO Date _____
 - f.) Application Approved or Denied (circle one) Date _____
- If approved, placement will be reviewed after six weeks Date _____

Signature: _____
(Principal or Designee)

Date: _____