

**MEDFORD AREA PUBLIC SCHOOL DISTRICT**

**DATE ADOPTED:** March 17, 1987  
**DATE REVISED:** October 22, 1992  
**DATE REVISED:** April 3, 2002  
**DATE REVISED:** August 21, 2008  
**DATE REVISED:** October 16, 2014  
**DATE REVISED:** December 18, 2014  
**DATE REVISED:** September 28, 2020

**FILE SECTOR:** STUDENTS  
**POLICY TITLE:** ENTRANCE AGE

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 of education (BOE) 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 they propose 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 they propose to enter school. A child is eligible to enter first grade if they are six years old on or before September 1 in the year they propose 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 BOE.

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.

**MEDFORD AREA PUBLIC SCHOOL DISTRICT**

<b>DATE ADOPTED:</b>	<b>October 22, 1993</b>	<b>FILE SECTOR:</b>	<b>STUDENTS</b>
<b>DATE REVISED:</b>	<b>October 25, 1993</b>	<b>POLICY TITLE:</b>	<b>EARLY ADMISSION</b>
<b>DATE REVISED:</b>	<b>April 3, 2002</b>		<b>GUIDELINES</b>
<b>DATE REVISED:</b>	<b>August 21, 2008</b>		
<b>DATE REVISED:</b>	<b>October 16, 2014</b>		
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**GUIDELINES FOR EARLY ADMISSION TO  
PRE-KINDERGARTEN/KINDERGARTEN/FIRST GRADE**

Medford Area Public School District (MAPSD) BOE believes that it is only in exceptional cases that early admission to school is appropriate or a benefit to the child. The BOE recognizes, however, that children do develop at different rates, making early admission into school appropriate for some children. MAPSD does not discriminate on the basis of disability. Consequently, a parent(s)/guardian(s) may request early admission to pre-kindergarten, kindergarten or first grade by following the procedures and guidelines listed below:

- Application for early admission should be made in writing to the appropriate elementary principal no later than August 1. The August 1 requirement may be waived for persons new to MAPSD; however, no early admissions shall be made after the start of school. Application forms are available at the elementary school offices.
- A personal interview will be held with the principal to determine the reason(s) the parent(s)/guardian(s) is requesting enrollment of their child prior to legal age.
- The child should participate in early admission evaluation process to determine the appropriateness of further evaluation. If the child exhibits superior test scores, they will be recommended for further individual evaluation. If test scores are not superior, the parent(s)/guardian(s) will be informed of the test scores at a conference. A reconfirming letter will be sent to the parent(s)/guardian(s) after screening. A copy will also be given to the supervisor of special education and the building principal.
- If the child exhibits superior test scores, an evaluation of the child's potential for success in, and ability to cope with, the school environment shall be required. The individual evaluation shall be conducted by a district school psychologist and any other certified staff assigned by the building principal and/or the special education supervisor. Those assigned to do the evaluation, along with the building principal who shall chair the group, will comprise the evaluation team. The child must demonstrate the social, emotional, physical and mental maturity normally expected for successful participation in school. This evaluation will be at no cost to the parent(s)/guardian(s).
- After the evaluation has been completed, the evaluation team will meet and make its individual recommendations. If there is not consensus in the recommendations, the building principal will determine if the child is to be accepted for early admission.

- 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.
- 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, they may appeal to the BOE. The BOE's decision will be final.
- A child accepted for early admission must meet all other conditions for enrollment in MAPSD (e.g., immunization requirements).
- 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: \_\_\_\_\_

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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: \_\_\_\_\_