CLEAR FORM
MCPS

Office of the Deputy Superintendent of Schools
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

APPLICATION FOR EARLY ENTRANCE FIRST GRADE PROGRAM

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: _____ Birth Date: ___/___/___
Last *First* *M. I.*

Address _____
Street *City* *State* *Zip Code*

Gender: ☐ Male ☐ Female

Home School _____

Parent/Guardian Name: _____

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

PRESCHOOL EXPERIENCE: List the nursery schools, Prekindergarten/Head Start, and other day care programs attended. Include the dates of attendance and the approximate number of hours per week attended.

Name of School/Program	**Dates of Attendance**	**No. Hours Per Week**
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____
_____	_____/_____/_____	_____

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.

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_____ ___/___/___
Signature, Parent/Guardian *Date*