



Everett Public Schools

Early Entrance to First Grade

3900 Broadway, Everett, WA 98201
(425) 385-4068 Fax (425) 385-4012

FIRST GRADE EARLY ENTRANCE - WAIVER REQUEST FORM

(Attended Washington State Board of Education Approved Kindergarten)

School of residence: _____

Requesting an intradistrict school transfer? ☐ Yes ☐ No

If yes, to which school? _____

TO BE COMPLETED BY PARENT/GUARDIAN

Student name: _____ Date of birth (mm/dd/yy): _____ Gender
☐ Male
☐ Female

Parent/guardian name: _____ Email: _____

Address: _____ Primary phone #: _____

City, State, Zip Code: _____

My signature below indicates that:

- I request that the state age requirement of 6 years on or before August 31 be waived based on my child's successful completion of the Washington State Board of Education approved kindergarten program as outlined below. I give permission for the program listed below to share information about my child's educational experience, strengths and needs with the Everett Public Schools teaching and administrative staff.
- I understand that students will be evaluated by the building principal, school psychologist, and the child's teacher during the first 30 calendar days that school is in session in the first-grade program. The parent/guardian will be notified before the end of this trial period of the final decision on the child's eligibility to remain in the first-grade program.
- I confirm that I have emailed proof of age and recent proof of address to Jodi Madison at jmadison2@everettsd.org.

Parent/guardian signature (required): _____

TO BE COMPLETED BY WASHINGTON STATE BOARD OF EDUCATION APPROVED KINDERGARTEN PROGRAM

School _____

School Administrator _____

Address _____

City, State, Zip Code _____

Phone # _____

Teacher's Name _____

Teacher's Washington State Teaching Certificate Number _____

_____ attended kindergarten from _____ to _____.
(Student name) Date Date

Student successfully completed a kindergarten program that substantially equaled or exceeded the applicable basic education program requirements of RCW 28A.150.210 through 220 and WAC 180-16-200 through 180-16-220.

Administrator's Signature _____ Date _____

Please attach student's final progress report.

See reverse for more information

When completed, this form and the required information must be mailed by the approved kindergarten program no later than June 30 to:

Everett Public Schools
Attn: P-5 Instruction and Early Learning Programs
3900 Broadway
Everett, WA 98201

You may also email the information to Jodi Madison at jmadison2@everettsd.org.

FOR DISTRICT USE:

Early Entrance: Approved ☐ Not Approved ☐

Date & name of school notified: _____

Date parent notified: _____

Notes: