



Flossmoor School District 161
21st Century Learners Today, Leaders Tomorrow

Dr. Dana Smith, Superintendent

41 E. Elmwood Drive
Chicago Heights, IL 60411
708.647.7030
www.sd161.org

Dear Parent/Guardian:

Early development of reading, writing, language, and mathematics skills result from a combination of factors which include rich and varied travel, environmental experiences, opportunities for early and frequent exposure to books and language rich experiences, older siblings who provide language and learning models, and high average to superior ability.

School District 161 School Attendance-Early Admission Policy 7:50 requires that parents who would like their son/daughter to be considered for early admission into FIRST GRADE complete an application process. The following must be included in this process:

1. Verification of residence
2. Proof the child will be 6 years of age by December 31 of the school year of admission
3. Completed and signed Early Admission Application must be submitted to the Superintendent of Schools by April 1 prior to the child's 6th birthday
4. Proof of attendance at a non-public preschool and continued education at that school through kindergarten
5. Proof that the teacher of kindergarten at the above school was an appropriately certified teacher
6. Signed release of information form

or

1. Verification of residence
2. Proof the child will be 6 years of age by December 31 of the school year of admission
3. Completed and signed Early Admission Application must be submitted to the Superintendent of Schools by April 1 prior to the child's 6th birthday
4. Signed release of information form
5. Upon completion of above, an evaluation shall be administered by a school psychologist certified or registered in the State of Illinois.
 - a. This evaluation must verify that the child scores in the high average - superior range on the Woodcock Johnson Test of Early Cognitive and Academic Development. (ECAD).
 - b. District 161 school psychologists are available to administer this assessment. Please contact either Mychale Willis at mwillis@sd161.org or Amber Gumm at agumm@sd161.org to schedule a time for the assessment.

The above information will be reviewed by a team including the Building Principal and the Director of Learning and Instruction. A representative of the team will then meet with the parents to discuss the results and recommendations pertaining to the Early Entrance of this child.

Please call me at 708.647.7016 if you have any questions regarding the application process.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Amabel Crawford', is written over a light blue horizontal line.

Amabel Crawford
Director of Learning and Instruction



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EARLY ADMISSION 1st GRADE APPLICATION

Name of Child: _____ Date of Birth: _____

Name of Legal Guardians: _____

Address: _____

Phone (home): _____ Cell: _____

Did your child attend a State of Illinois certified Kindergarten program? If so, please list the name, address and telephone number of the school your child attended. _____

Description of general physical health: _____

Description of social / emotional maturity / functioning: _____

Over →

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Parent observations of readiness / academic skills: _____

Please identify the main reasons that you would like your child considered for early admission for early admission to first grade: _____

Please provide any other information that you feel would be useful in making this decision: _____

I understand that if my child is approved for early admission to first grade he/she will be with children who are beyond him/her in chronological age. I understand that the psychological assessment is at my expense.

Parent Signature Date

Parent Signature Date



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Flossmoor School District 161
RELEASE OF INFORMATION

This agreement authorizes the release of information regarding the following individual: _____ . The release is between School District 161 staff / administration and the following individual/agency:

Name: _____ Title: _____

Agency: _____

Address: _____

Phone: _____

The authorization allows the release of the following types of information:

- Psychological Assessment and Interpretation
- Developmental Skills assessment (Language, Readiness, Academic, Motor, Etc.)
- Social / Emotional Assessment and Interpretation
- Physical Health / Development Status Assessment
- Other

This release is good for one calendar year beginning _____ and ending _____.

I authorize the release of information as stated above.

Parent Signature Date

Parent Signature Date

*Confidentiality of students is protected according of Illinois School Code.