



**Application for Early Admission to Kindergarten
School Year 2009-2010**

Child's Name _____ Child's Birth Date _____/_____/_____
(Last) (First) Month Day Year

Home Elementary School _____

Parent/Guardian Name _____ Parent/Guardian Name _____
(Last) (First) (Last) (First)

Day Phone/s _____ Day Phone/s _____

Address _____ Address _____

I hereby certify that the above information is true and correct. I understand that this information is being provided for possible early admission to kindergarten, and that school officials may verify the information on this form. I understand that if any of the information above is false, it is possible that my child may not be considered or may be removed from the program once enrolled. I also understand that, if my child is admitted early to kindergarten, I must complete the Howard County Public School System's student registration packet.

Parent/Guardian's Signature

Date

**Please return to: Lisa J. Davis – Coordinator, Early Childhood Programs, Howard County Public School System,
10910 Route 108, Ellicott City, MD 21042**