

North Allegheny School District
Department of Special Education and Pupil Services

REQUEST FOR EARLY ADMISSION EXAMINATION

Testing Requested for (check one): Kindergarten First Grade Date Submitted: _____

Request to Attend: _____ Elementary School
(Building Name)

Student Name: _____ Birth Date: _____
(Last) (First) Month / Day / Year

Chronological Age at Start of School Year: _____ Gender: Male Female
(Years) (Months)

Student attended (check all that apply): Preschool Kindergarten

Preschool: _____
(Name of School) (Location)

Kindergarten: _____
(Name of School) (Location)

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

Home Address: _____
(#/Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Comments: _____

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____

-----**For Pupil Services Office Use Only**-----

Date of Evaluation: _____ Qualified for EA Did Not Qualify for EA

Tested By: _____ EA Letter Sent – Date: _____