



Early Entrance to First Grade

In order to enter first grade in IL, children must be six years of age by September 1st of their first grade year. *(For Ridge Family Center for Learning, which operates on a balanced calendar, the deadline is within 30 days of the start of the school year.)* However, if a child successfully completed a non-public kindergarten program and the parent feels that their child's potential and skills are in the superior range, when compared to children of the same age, the parent can apply for early entrance to first grade. Children must turn six years old by December 31st of the proposed first grade year to be eligible to apply for early entrance to first grade.

Early entrance to first grade is considered a form of whole grade acceleration and is appropriate only for those students who demonstrate compelling evidence that they are both intellectually and socially advanced. The decision to grant early entrance will be made after careful examination of relevant evidence that is provided by the parents and/or gathered through a district evaluation process. Please be aware that not all children who apply will meet the criteria and be accepted to enter first grade early.

The decision for a child to enter school early can have a profound effect on his or her academic and social performance for the remainder of the child's school career. It is a decision that needs to be taken very seriously and should not be considered for daycare reasons. Academic readiness, academic potential, and social emotional maturity are all equally important considerations.

CRITERIA: To be eligible for early entrance to first grade, children must meet the following criteria:

- Either completed at least one year of kindergarten in a school that utilized a curriculum similar to CCSD59, or
- Attended a non-public preschool and continued their education at that school through kindergarten
- Was taught by an appropriately certified kindergarten teacher
- Received superior ratings from the kindergarten teacher on the most recent progress report
- Demonstrates advanced academic and social skills

Parents will be asked to provide relevant evidence that supports their belief that their child is exceptionally advanced both academically and socially.

PROCESS: Parents/guardians wishing to apply for early entrance to first grade should submit the following information to the Assistant Superintendent for Instruction by May 15.

- Completed *Early Entrance to First Grade Referral Form*
- Signed and completed *Authorization for Exchange of Confidential Information/Records* authorizing CCSD59 to exchange information with child's kindergarten
- Most recent progress report from kindergarten program
- Other records, evidence, or assessments from child's kindergarten program that demonstrate the child's advanced academic and social development

The first phase of the review process will include a District Team reviewing the information submitted and contacting kindergarten program if determined to be warranted. After this review, parents will be contacted regarding next steps.

For more details about the early entrance process, please see the Early Entrance page on our website at <http://www.ccsd59.org/>. After reviewing the information about the process, if you have questions about the Early Entrance process please contact the Instruction Department at 847-593-4305.

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INSTRUCTION



DEPARTMENT

Referral Form

Child's name _____
(must match birth certificate) (First) (Middle) (Last)

Birth date: MM/DD/YY _____ Male Female
(Attach a copy of the child's birth certificate to this application. **Note: The child needs to be 6 by December 31st**)

CCSD59 School your child will attend if the request is approved: _____

Name of parent(s)/guardian(s) we should contact: _____

Email address(s) _____

Street address: _____ **City:** _____ **Zip Code:** _____
(Results will be mailed to this address)

Name of parent(s)/guardian(s) phone number(s): _____

List any sibling(s) enrolled in school: _____

Child's first language, if other than English: _____

To complete the referral process, parents must submit the following items to CCSD59 by May 15th.

- Early Entrance Referral Form
- Birth Certificate
- Consent to Release Information
- Early Entrance Parent Questionnaire
- Progress Reports or other records, evidence, or assessments from the child's preschool program that demonstrate academic and social development _____

As the parent/guardian, I understand that:

1. I am authorizing CCSD59 to screen, evaluate (if determined to be warranted), and administer relevant assessments (if applicable) to determine the appropriate grade placement for my child.
2. I am authorizing CCSD59 to gather information from my child's previous school or teacher (if applicable) to assist in determining current academic and social readiness. A *Release of Information* is attached.

Parent/Guardian Signature: _____ Date: _____

Submit the completed packet by May 15 to:

(In Person) Nancy Torres - Instruction Department
Community Consolidated School District 59
1001 Leicester Road, Elk Grove Village, IL 60007

or via email at torres.nancy@ccsd59.org

Date Received: ___/___/___ Initials of Receiver: _____

Please list all previous school, educational, and/or group experiences in which your child has participated.

Please indicate the name(s) of teachers, directors, leaders who would be able to speak to your child's academic and social/emotional maturity. _____

Why are you requesting early entrance to first grade for your child? (attach another sheet if necessary)

What **academic** skills does your child demonstrate that indicate to you that your child shows advanced readiness for first grade? (attach another sheet if necessary)

What **social** skills does your child demonstrate that indicate to you that your child shows advanced readiness for first grade? (attach another sheet if necessary)

What other evidence do you have (if applicable) to support early entrance to first grade? (attach another sheet if necessary)



Community Consolidated School District 59
1001 Leicester Road * Elk Grove Village, IL 60007
PH: 847-593-4300 * FAX: 847-593-4352

**AUTHORIZATION FOR EXCHANGE OF
CONFIDENTIAL INFORMATION/RECORDS**

Student: _____ Birth Date: _____

Parent's Name(s): _____ Student ID#: _____

Home Address: _____

City: _____ Zip Code: _____

Last School of Attendance (*Dist. 59*) _____

Last Year of Attendance (*Dist. 59*) _____

I/we hereby authorize that the following information will be released/exchanged:

All permanent records (including, but not limited to, basic identifying information, birth certificate or other proof of student's identity, academic transcript, attendance records, and health records, where applicable.

All temporary records (including, but not limited to, scores on State assessments administered in grades K-8, discipline records, health-related information, accident reports, family background information, psychological evaluation reports, aptitude and achievement test results, report cards, honors and awards, progress monitoring information, IDEA/special education records, and Section 504 records)

These disclosures are authorized pursuant to the *Family Education Rights and Privacy Act* (20 U.S.C. Section 1232g), the *Illinois School Student Records Act* (105 ILCS 10/1 *et seq.*), and the *Illinois Mental Health and Developmental Disabilities Confidentiality Act* (740 ILCS 110/1 *et seq.*),* and are to be made for the purpose of:

- Educational evaluation and/or planning
- Other [specify]:

*Prior to the release of protected health information, health care providers may require the parent/guardian to execute an additional authorization form to comply with the *Health Insurance Portability and Accountability Act* ("HIPAA").

I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for the student. This consent expires one year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.

I authorize District 59 to release information concerning the above named student.

I authorize District 59 to obtain information concerning the above named student.

TO: _____ FROM: _____

Phone: _____ Phone: _____

For the purpose of: _____

Check those applicable: Student Records Other

Printed Name _____ Signature _____
Date _____ **[If under the age of 18, parent signature is required]**

Witness Signature [required for mental health/developmental disability records] _____
Date _____

Student Signature [required for mental health/developmental disability records] _____
Date _____ (if the student is age 12 or older)