



**PARK RIDGE-NILES
SCHOOL DISTRICT 64**

8182 Greendale Ave • Niles, IL 60714 • (847) 318-4300 • F (847) 318-4351 • d64.org

Alicia Schmeisser, *Director of Student Services*

Dear Parent/Guardian,

Enclosed you will find the application materials that you requested for early entrance to first grade. **Prior to completing this application, please make an appointment with the Business Office at 847-318-4325 to verify residency.**

Based upon a District-administered assessment of your child's readiness, your child may qualify for early entrance to first grade. A student may, but is not required to, have attended a non-public preschool, continued his or her education at that school through kindergarten, and been taught in kindergarten by an appropriately licensed teacher.

The Early Entrance procedures include a \$200 non-refundable application fee. Please return all required documents along with your check for \$200.00 to:

Stephanie Rosales
Student Services
8182 Greendale Ave
Niles, IL 60714

The Early Entrance Committee will review your application and make all decisions regarding admittance for early entrance; the decisions of the Committee are final. An Early Entrance Committee member may contact you regarding the information you have provided. If you have any questions, please contact Stephanie Rosales in Student Services at 847-318-4333 or at srosales@d64.org.

Sincerely,

Alicia Schmeisser
Director of Student Services Department



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PARENT ACKNOWLEDGEMENTS

Early Entrance applications will be accepted **only between January 8 and March 16** for students residing in District 64.

Individual consideration will be given to applicants who move to District 64 after March 16. No students will be considered for early entrance after August 1.

The Early Entrance Committee will make all decisions regarding Early Entrance admission or denial to first grade. The decision of the Committee is final.

A District 64 psychologist will evaluate early entrance applicants to first grade using an Early Screening Profile in addition to other early literacy, numeracy, and motor assessments. Students who **are younger than six on or before December 31** must demonstrate exceptional achievement and aptitude (i.e., typically 85th percentile and above). Attention and maturity levels are also considered.

The psychologist will contact the parent to schedule the evaluation at a mutually convenient time. District 64 will mail the Social Skills Improvement System (Teacher Rating Scale) to your child's preschool or kindergarten teacher, if applicable when you return the materials below. A District 64 school psychologist will also initiate a phone interview with your child's current teacher/school, if applicable.

By March 16, please return the following to Stephanie Rosales, Student Services, at the above address:

1. A copy of the child's birth certificate
2. Early Entrance Application
3. Parent Acknowledgements
4. Developmental Profile 3 (Parent/Caregiver Checklist)
5. Social Skills Improvement System (Parent Rating Scale)
6. Available report cards or school reports
7. Signed Authorization for the Exchange of Confidential Information
8. A check for the non-refundable \$200.00 application fee made payable to School District 64

Parent Signature

Date

Parent Signature

Date



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**SCHOOL YEAR: 20____ - ____
EARLY ENTRANCE APPLICATION FOR FIRST GRADE**

Name _____ **DOB** _____ **Gender** _____

Address _____

Home Phone _____

Elementary School of Residence _____

Current Preschool/Kindergarten

_____ **Address**

_____ **Phone**

_____ **Teacher's Name** _____

Number of years of preschool/Kindergarten _____

Resident Parent Names Cell phone number Email Addresses

Sibling names/age/grade/school

Child's primary language _____

Languages spoken in the home _____

Is your child in good health? _____ **Yes** _____ **No**

If no, please specify. _____

What is your reason for requesting early entrance?

Why would early entrance be beneficial for your child?

What reservations do you have about your child entering first grade early?

Has your child been previously evaluated? Why? Please attach the evaluation results.

Has your child received any educational supports (tutoring, enrichment programs, etc.)? Please describe.



REQUEST OF STUDENT RECORDS

PARK RIDGE-NILES SCHOOL DISTRICT 64

8182 Greendale Ave., Niles IL 60714

Consent to Communicate and Disclose Student Records & Information Including Mental Health and Developmental Disability Information

Student Name: _____

Birth Date: _____

Recipient: _____

Address: _____

Contact Information (cell phone, fax, email): _____

Information to be disclosed to/from recipient:

1. The complete student records for the above student, including but not limited to any document created by Park Ridge-Niles CCSD 64, pursuant to the *Illinois School Student Records Act*, 105 ILCS 10/1 *et seq.*
2. All documents and communications from a therapist, doctor, or hospital which may be deemed mental health records under the *Illinois Mental Health and Developmental Disabilities Confidentiality Act*, 740 ILCS 110/1 *et seq.*

The purpose for this disclosure is for _____

I understand that I have the right to inspect, copy and challenge the information to be disclosed pursuant to this consent. If I do not grant this consent, these records will not be released, but I will not suffer any other consequences. This consent is valid for one calendar year from the date set forth below and may be revoked at any time in writing.

____ I hereby authorize my Consent

____ I hereby do not authorize my Consent

Copy of ID Required

Signature of Parent/Guardian/Requestor

Date

Witness Signature

Signature of Student

Date

Witness Signature

Note: If only records and information pursuant to ISSRA are being exchanged, only the signature of the parent/guardian is required. If mental health records and information pursuant to the MHDDCA are being exchanged, only the parent's/guardian's signature is needed if the student is under age 12. If the student is between ages 12 and 18, both the parent's/guardian's and student's signature are needed. If the student is age 18 or over, only the student's (or if the student has been judged to be incapacitated by a court, the guardian's) signature is required.

To Previous School, please email all available records as listed above to:

Carpenter Elem School
300 N. Hamlin Ave.
Park Ridge, IL 60068
847-318-4370

Field Elem School
707 Wisner St.
Park Ridge, IL 60068
847-318-4385

Franklin Elem School
2401 Manor Lane
Park Ridge, IL 60068
847-318-4390

Roosevelt Elem School
1001 S. Fairview Ave.
Park Ridge, IL 60068
847-318-4235

Washington School
1500 W. Stewart Ave.
Park Ridge, IL 60068
847-318-4360

Jefferson School
8200 Greendale Ave
Niles, IL 60714
847-318-5360

Emerson M.S.
8101 N. Cumberland Ave.
Niles, IL 60714
847-318-8110

Lincoln M.S.
200 Lincoln Ave.
Park Ridge, IL 60068
847-318-4215

January 2021