Rocky Hill Public Schools

Central Registration Office 761 Old Main Street, Rm. 231, Rocky Hill, CT 06067 Phone: (860) 258 – 3180

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Waiver Application for Children Reaching Age Five Between September 1, 2024, and January 1, 2025.

Deadline to submit a Kindergarten waiver is June 30, 2024.

Important note: This form is only for students born after September 1, 2024 and on or before January 1, 2025. Students born after December 1, 2025 are not eligible for kindergarten admission for 2024-2025 school-year.

The Connecticut Legislature recently changed the birthdate cutoff to start kindergarten from reaching age five on or before January 1 to reaching age five on or before September 1 in the year the child begins kindergarten. This change goes into effect starting with the 2024-2025 school year.

A child who does not meet the age cutoff may still be admitted to kindergarten upon (1) a written request from the parent or guardian and (2) and a determination, by the school principal, that the child is developmentally appropriate for kindergarten based upon an assessment of the information provided via this application for early admission.

Completing this form will serve as your official written request to the Rocky Hill Public Schools Administration to consider your child for entry to kindergarten for the 2024-25 school year.

One form per student, please. **Parent Information:** Name of parent or guardian completing this form: Email address: Residential Address: Best Phone Number: _____ Which Rocky Hill Kindergarten school will your child be assigned to? ☐ West Hill Elementary School ☐ Myrtle Stevens Elementary School ☐ I am not sure (Central Registration will look up your address) Student Information: Student First Name: Student Last Name: Student Date of Birth: Current Pre-K school (2023-2024 SY): ______ Pre-K school address: _____ Is your student's Pre-K program full-time or part-time? ______ Is your student's Pre-K program private or public?

In this section you will be providing the school system with information about your child to determine his/her readiness for kindergarten. Please provide thorough and comprehensive responses:

Please explain why your child, who will turn five after the beginning of the school year
(but on or before January 1, 2025), is ready to succeed in kindergarten as a four-year old
and possesses the intellectual, emotional, and behavioral maturity to do so.
Does your child have any previous pre-k school or daycare experience? If yes, for how long?
What are your educational goals for your child?
Does your child play well with other children or does your child prefer to play
independently?
What kind of hobbies, sports, special interests, or unique capabilities or talents does your
child have?

Does your child or has your child in the past received any early intervention services from	
community providers? If so, please list the providers and which services your child	
received.	
Is your child fully toilet trained?	
	
What are your child's strengths / weaknesses?	
How does your child communicate his/her needs?	
Please tell us anything else you think we should know.	
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Please answer each of the following questions by checking yes or no:	
Social Skills/Self-Help Skills	
YES NO	
\square \square Separates from caregiver without strong emotions	
\square Shows and understands basic emotions	
□ □ Asks for help	

\square Interacts appropriately with adults and peers
\square Can communicate basic needs (My belly hurts, I'm hungry, I'm sleepy)
\square Is able to dress self
\square Is able to eat independently
\square \square Uses appropriate bathroom skills; Independently washes hands
Motor Skills
YES NO
\Box \Box Holds and uses crayons, markers and pencils correctly (not with their fist)
□ □ Walk up/down stairs; Run
\square \square Jump with both feet together
Language/Literacy Skills
YES NO
□ □ Speaks in sentences
\square \square Can participate in a back and forth conversation
\square Enjoys listening to stories and being read to
\square Follows two-step oral directions
$\hfill\square$ Knows how to correctly hold a book and correctly turn the pages
\square Recognizes some uppercase and lowercase letters
☐ ☐ Tries to write, scribble or draw
\square Attempts to write own name and recognizes own name in print
Mathematics Concepts
YES NO
\square \square Identifies and draws some shapes, e.g., square, circle, and triangle
\square \square Correctly counts four to ten objects

☐ ☐ Recognizes some r	numbers.	1 –	10
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When finished, please submit your completed form to the Rocky Hill Public Schools Central Registration Office. Forms will be delivered to the elementary school principals for review on a weekly basis. Please allow up to 10 business days for an answer. You may email, fax, mail or drop-of your completed form to the Central Registration Office.

Mr. Thomas Kennison, MSA, MBA

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