

# Rocky Hill Public Schools

Central Registration Office

761 Old Main Street, Rm. 231, Rocky Hill, CT 06067

Phone: (860) 258 – 3180

Email: kennisont@rockyhillps.com

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## **Waiver Application for Children Reaching Age Five Between September 1, 2024, and on or before January 1, 2025.**

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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 but will turn five **after September 1, 2024, and on or before January 1, 2025**, 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. **Students who turn five after January 1, 2025, are ineligible for kindergarten admission in 2024-2025, with no exceptions.**

**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.

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Does your child have any previous pre-k school or daycare experience? If yes, for how long?

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What are your educational goals for your child?

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Does your child play well with other children or does your child prefer to play independently?

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What kind of hobbies, sports, special interests, or unique capabilities or talents does your child have?

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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.

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Is your child fully toilet trained?

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What are your child's strengths / weaknesses?

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How does your child communicate his/her needs?

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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**

- ☐ ☐ Separates from caregiver without strong emotions
- ☐ ☐ Shows and understands basic emotions
- ☐ ☐ Asks for help
- ☐ ☐ Interacts appropriately with adults and peers
- ☐ ☐ Can communicate basic needs (My belly hurts, I'm hungry, I'm sleepy)

- ☐ ☐ Is able to dress self
- ☐ ☐ Is able to eat independently
- ☐ ☐ Uses appropriate bathroom skills; Independently washes hands

### **Motor Skills**

#### **YES NO**

- ☐ ☐ Holds and uses crayons, markers and pencils correctly (not with their fist)
- ☐ ☐ Walk up/down stairs; Run
- ☐ ☐ Jump with both feet together

### **Language/Literacy Skills**

#### **YES NO**

- ☐ ☐ Speaks in sentences
- ☐ ☐ Can participate in a back and forth conversation
- ☐ ☐ Enjoys listening to stories and being read to
- ☐ ☐ Follows two-step oral directions
- ☐ ☐ Knows how to correctly hold a book and correctly turn the pages
- ☐ ☐ Recognizes some uppercase and lowercase letters
- ☐ ☐ Tries to write, scribble or draw
- ☐ ☐ Attempts to write own name and recognizes own name in print

### **Mathematics Concepts**

#### **YES NO**

- ☐ ☐ Identifies and draws some shapes, e.g., square, circle, and triangle
- ☐ ☐ Correctly counts four to ten objects
- ☐ ☐ Recognizes some numbers, 1 – 10

**Submission Instructions:**

When finished, please submit your completed form to Mr. Kennison in the Central Registration Office. Forms will be delivered to the elementary school principals for review every week. You may email, fax, mail, or drop off your completed form.

Mr. Kennison will notify you via email to register after the decision is rendered.

Mr. Thomas Kennison, MSA, MBA  
***Director of School Residency and Registration***  
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**Principal's Review:****Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Approved: Y or N**

**Notes:** \_\_\_\_\_

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