



Return completed form to  
 Arlington Public Schools  
 RE: T & L Early Entrance  
 315 N French Ave  
 Arlington, WA 98223

## Early Entrance Assessment Request

Birthdate (MM/DD/YYYY)	Enrolling Grade Level
------------------------	-----------------------

Student Legal Last Name	Student Legal First Name	Student Legal Middle Name	Gender	Also known as
Student Preferred Last Name <i>OPTIONAL</i>	Student Preferred First Name <i>OPTIONAL</i>	Preferred Middle Name <i>OPTIONAL</i>	Preferred Gender <i>OPTIONAL</i>	

Preschool Previously Attended

Previous School City & State or Country

Has your child ever qualified for or been enrolled in a Special Education Program?  Yes, currently  Yes, in (MM/DD/YYYY)  Never

Student's Resident Street Address	Apt/Unit #	City	State	Zip Code
Student's Mailing Address (if different from above)	Apt/Unit #	City	State	Zip Code

**Guardian 1 in the Primary Household**

Parent/Guardian Full Name	Primary Phone - -	Work Phone - -	Cell Phone - -
Email Address	<b>Relationship to Student</b> <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Aunt <input type="checkbox"/> Other <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Uncle		

**Guardian 2 in the Primary Household**

Parent/Guardian Full Name	Primary Phone - -	Work Phone - -	Cell Phone - -
Email Address	<b>Relationship to Student</b> <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Aunt <input type="checkbox"/> Other <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Uncle		

\_\_\_\_\_  
 Parent/Guardian Signature

Date

**For District Use Only**

Processed and scanned to building Principal

Date

Assessment Reviewed by

Accept

Deny