

**Greenwood Community School Corporation
Kindergarten Minimum Age Waiver Application**

Child's Name _____	Birthdate _____
Parent/Guardian Name(s) _____	Work Phone: _____
Street _____	Cell Phone: _____
City, State Zip _____	Home Phone: _____

Prior institutions for learning attended by this child:

Name and Address	Dates Attended

Why do you feel that an exception should be made in the Greenwood Community School Corporation's enrollment policy for this child? Speak especially to the benefits you would see in the child's academic and social well-being if the exception were to be allowed.

Has any formal or standardized testing been administered to the child that would verify the child's academic readiness? If so, please submit a copy of the test results with this application.

Type of Test	Date Administered

What is the general background and age of the child's close and frequent playmates?

Signature of parent/guardian

Date