



# Franklin Monroe Local Schools

**Franklin Monroe Elementary**

Ph. 937-947-1327  
Fax 937-947-1370

PO Box 78 Pittsburg OH 45358  
8591 Oakes Rd. Arcanum, OH 45304  
<http://www.fmelementary.com>

## APPLICATION FOR EARLY ENTRANCE *Including* PERMISSION TO TEST

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father /Guardian \_\_\_\_\_ Mother / Guardian \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_

Elementary School Building of Residence \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

List names of child and siblings in order, starting with the eldest:

Last	First	Birth Date	Age	School attended	Grade

Please answer the following questions below and on the reverse side:

1. How does your child demonstrate high ability, accelerated performance and/or talent as compared to age mates in any of the following areas? \_\_ Reading \_\_Math \_\_Science \_\_ Social Studies  
\_\_Language Arts

2. How has the child demonstrated high ability, accelerated performance, and/or talent as compared with age mates in any of the following areas? \_\_ Music \_\_Art \_\_Drama \_\_ Dance \_\_Sports \_\_Leadership

3. Please list any form of Disability in Learning, Social-Emotional, or a Physical Area.

4. Give examples of your child's motivation in initiating and completing tasks.

5. Give examples of how your child seeks challenge:

6. How do others describe your child's behavior and social maturity compared to others his age?

7. Please attach a comment sheet or a progress report from your child's current educational provider.

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**PERMISSION TO TEST:**

I am granting permission for my child, \_\_\_\_\_, to be assessed by designated school personnel and understand that the information may be shared with teachers, principals, and other appropriate school personnel. I understand testing will start after August 1<sup>st</sup>.

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*Signature*

*Relationship to Child*

*Date*

*Please return to the Franklin Monroe Elementary Office.*