

PLYMOUTH COMMUNITY SCHOOL CORPORATION

APPEAL-REQUEST FOR EARLY ENTRANCE TO  
KINDERGARTEN OR FIRST GRADE

Name of Child \_\_\_\_\_

Legal Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Birthplace \_\_\_\_\_ Birthdate \_\_\_\_\_

Name and Address of any kindergarten or pre-school your child has attended.

Please attach any records concerning your child's participation in another kindergarten or pre-school program and a copy of a recent physical examination by a licensed physician.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Parent of Guardian

Daytime telephone number \_\_\_\_\_