



Community Schools  
9313 N. 95<sup>th</sup> Way  
Scottsdale, AZ 85258

Telephone: 480-484-8615  
FAX: 480-484-8669  
Web site: [www.susd.org](http://www.susd.org)

## **EARLY ENTRANCE APPLICATION** **2009-2010**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### **AGE REQUIREMENT**

**Entrance to Kindergarten:** Child MUST turn 5 by December 31 of the current school year.

Upon receipt of \$45.00 non refundable payment, your name will be given to Ranae Kauffman who will call you to set an appointment for screening. Screening will take place May 1, 2009 –September 1, 2009

**\*Please make check payable to SUSD and mail to:** **SUSD/Community Schools**  
**9313 N. 95<sup>th</sup> Way**  
**Scottsdale, AZ 85258**

Completing the assessment is only the first part of the enrollment process.

All screening results will be forwarded to the school Principal for review. At that time you may be asked to meet and discuss your child's social and emotional readiness to assure a successful educational experience.

**I understand this decision is final and there will be no appeal.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

