

Applications will be accepted beginning January 7, 2019

**PLEASE PRINT**

**Student Application, Kindergarten only  
McFadden School of Excellence  
Communication Arts through Technology**

**Submit all information with application.**

**Teacher recommendation should be faxed.**

Date received in office \_\_\_\_\_ Enrollment Phase I – Jan. 7 – 31; Enrollment Phase II – after Feb. 1

Student name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
# and Street Apt. City State Zip

Resident of: \_\_\_\_\_ Murfreesboro City \_\_\_\_\_ Rutherford County (outside of city limits)

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Proposed Grade for 2019 – 2020: \_\_\_\_\_ School attended for 2018 – 2019: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Father's Cell Phone #: \_\_\_\_\_ Mother's Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Student Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

Actual school of zone \_\_\_\_\_ Email address \_\_\_\_\_

Do you have a child/children currently attending McFadden School of Excellence? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list name of child/children: \_\_\_\_\_

**PARENTS MUST SUBMIT** the following information with this application by January 31, 2018.

1. Recommendation from the student's current teacher or caregiver  
**(please call McFadden to verify fax received)**
2. A small photo of your child (photo will not be returned).
3. Attached parent questionnaire.
4. Self-addressed stamped envelope.

All children entering Kindergarten must attend a screening session. Appointments will be scheduled by phone in January and February. This screening takes approximately 15 – 30 minutes.

Our enrollment policy gives priority to siblings of current students that meet eligibility requirements. If necessary, a lottery will determine screening and/or selection.

*Students must be five years old by **August 15, 2019** to enter kindergarten.*

**Return to McFadden School of Excellence by Jan. 31, 2019 for deadline.**

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***Recommendation Page 1***

Child's Name: \_\_\_\_\_

This form completed by: \_\_\_\_\_

***Please choose one:***

Preschool Teacher at School

Sunday School Teacher

Day Care Provider

Other \_\_\_\_\_

**Ratings**

**3 = Most of the time**

**1 = part of the time**

**0 = not yet**

	1. Listens while others speak	
	2. Follows instructions	
	3. Stays focused and on task	
	4. Expresses wants and needs appropriately	
	5. Participates willingly in activities	
	6. Works and plays well with others	
	7. Works quietly and independently	
	8. Shows respect for self and others	
	9. Has good control of pencils, crayons and scissors	
	10. Exhibits appropriate classroom behavior	
	11. Exhibits good self control	
	12. Child is encouraged to be independent by family members	
	13. Child shows readiness for an accelerated kindergarten program	
	14. Child adapts easily to new situations and environments	
	15. Child cooperates in small group activities	
	<b>TOTAL POINTS</b>	<b>Please continue on next page</b>

**RECOMMENDATIONS ARE KEPT CONFIDENTIAL – Fax to School**

***FAX Teacher Recommendation Rubric Page 1 and 2 to 615-898-7724***

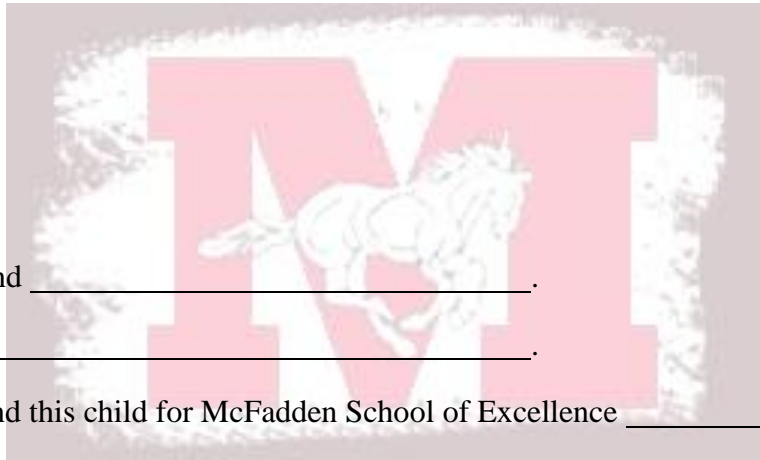
***Recommendation Page 2***

Child's Name: \_\_\_\_\_

**Additional Information**

This child shows readiness for an accelerated kindergarten program because

This child does not show readiness for an accelerated kindergarten program because



I highly recommend \_\_\_\_\_.

I recommend \_\_\_\_\_.

I do not recommend this child for McFadden School of Excellence \_\_\_\_\_.

This form must be faxed to McFadden School of Excellence as soon as possible in order to complete this application. *RECOMMENDATIONS ARE KEPT CONFIDENTIAL.*

***FAX Teacher Recommendation Rubric Page 1 and 2 to 615-898-7724***

**FAX to McFadden School of Excellence by January 31, 2019 for deadline.**

**Student Application, Kindergarten only**

221 Bridge Avenue, Murfreesboro, TN. 37129 Phone: 615-893-7251 Fax: 615-898-7724

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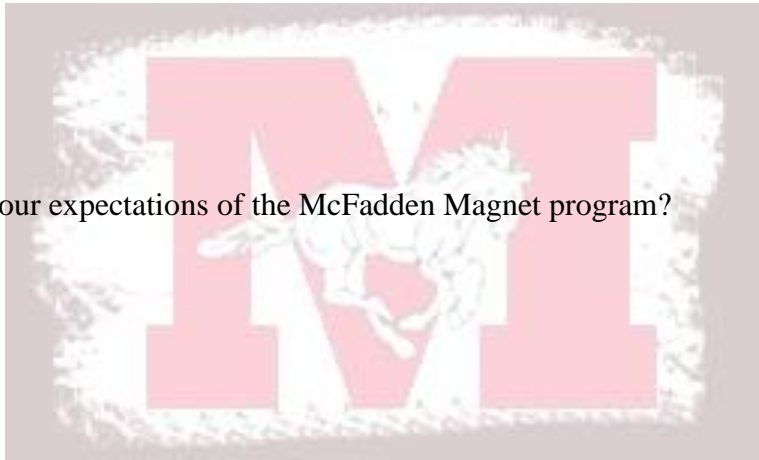
*Parent Questionnaire*

Child's Name: \_\_\_\_\_

Please respond to the following questions.

1. Why do you feel McFadden would be beneficial to your child's educational experience?

2. What are your expectations of the McFadden Magnet program?



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