

STUDENT

Name: _____ Date of Birth: _____

Public school child would attend: _____

Date child would normally enter kindergarten:..... Fall 20__

Gender: _____ Race: _____ (Gender/Race info. is optional. For data collection purposes only.)

PARENT / GUARDIAN (Circle one)

Name: _____ Parent _____ Parent _____

Day Phone(s): () _____ () _____

Address: _____

TYPE OF EXEMPTION REQUESTED

My child is age appropriate to enter kindergarten for the 2018-19 school year. However, I am requesting that my child NOT enter HCPSS kindergarten during the 2018-19 school year because: (Circle A or B)

A

Level of Maturity

(Child would enroll in kindergarten the following year.)

EXPLAIN:

B

Alternative Placement

(Child would enroll in grade 1 the following year.)

Type of Alternative Program: _____ Full-time licensed child care center
_____ Full-time family day care home
_____ Part-time Head Start Program for 5 year olds
_____ Other... _____

Name of Center, Home, or Program: _____

Address: _____

License/Registration Number: _____ Expiration Date: _____

Parent/Guardian Signature:

Date:

FOR OFFICE USE ONLY

APPROVED: _____ **DENIED:** _____ **SIGNATURE:** _____ **Date:** _____

Performance, Equity, & Community Response Officer

Copy to: Parent/Guardian, File

Return to: Howard County Public School System, Leadership Office, 10910 Clarksville Pike, Ellicott City, MD 21042