

**STUDENT**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Public school child would attend: \_\_\_\_\_  
Date child would normally enter kindergarten:..... Fall 200\_\_\_\_  
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 (Circle a or b)**

**a**

**Level of Maturity**

*(Child would enroll in kindergarten the following year.)*

Explain: My child is age appropriate to enter kindergarten for the 2008-09 school year. However, I am requesting that my child NOT enter kindergarten until the fall of 2009 because:  
\_\_\_\_\_  
\_\_\_\_\_

**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:** \_\_\_\_\_

Marion Miller, Dir. Of Elem. School Adm.

**Copy to: Parent/Guardian, File**

**Return to: Marion Miller, Howard County Public School System, 10910 Route 108, Ellicott City, MD 21042**