

Kindergarten Waiver Form / Request to NOT Enter Kindergarten

STUDENT INFORMATION

Name: _____ Date of Birth: _____

Public school child would attend: _____

Date child would normally enter kindergarten:.....Fall 2020

(Gender/Race information is optional. For data collection purposes only.)

Gender: _____ Race: _____

PARENT / GUARDIAN (Circle one) INFORMATION

Name: _____

Day Phone(s): _____ Parent () _____

Parent () _____

Address: _____ City: _____ State: _____ Zip Code: _____

TYPE OF EXEMPTION REQUESTED

My child is age appropriate to enter kindergarten for the 2020-21 school year. However, I am requesting that my child NOT enter HCPSS kindergarten during the 2020-21 school year because: (Circle A or B)

A	Level of Maturity	<i>(Child would enroll in kindergarten the following year.)</i>
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EXPLAIN:

B	Alternative Placement	<i>(Child would enroll in grade 1 the following year.)</i>
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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

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, and Community Response Director

Copy to Parent/Gurdian, File

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