

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 2019

(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 2019-20 school year. However, I am requesting that my child NOT enter HCPSS kindergarten during the 2019-20 school year because: (Circle A or B)

Table with 3 columns: A, Level of Maturity, (Child would enroll in kindergarten the following year.)

EXPLAIN:

Blank lines for explanation.

Table with 3 columns: 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

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, Leadership Office, 10910 Clarksville Pike, Ellicott City, MD 21042