



# Kindergarten Waiver Form

## Request to NOT Enter Kindergarten

According to HCPSS Policy 9000, a child whose parents believe that a delay in school attendance is in their best interest may be exempted from mandatory school attendance for one year.

### Student Information

Name: \_\_\_\_\_ Public school child would attend: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: ☐ M ☐ F ☐ NB Date child would normally enter kindergarten: Fall 2024

### Parent/Guardian Information

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Type of Exemption Requested (Check one)

My child is age appropriate to enter Kindergarten for the 2024-2025 school year. However I am requesting that my child **NOT** enter HCPSS Kindergarten during the 2024-2025 school year because:

☐ **A. Level of Maturity** (Child will enroll in Kindergarten in the 2025-2026 school year.)

Explain: \_\_\_\_\_

☐ **B. Alternative Placement** (Child will enroll in Grade 1 in the 2025-2026 school year.)

Type of Alternative Program: ☐ Full-time licensed childcare center

☐ Full-time family daycare home

☐ Part-time Head Start Program for 5-year-olds

Name of Center, Home, or Program: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

☐ **C. Current HCPSS Student Repeat a Program** (Requests to repeat a program require additional approval and are **NOT** guaranteed. Requests are reviewed on a monthly basis and families will be notified once a decision has been made. Please note the location of the program may change from year to year.

I am currently enrolled in an HCPSS program. I would like to waive kindergarten and am requesting that my child repeat their current program: ☐ MINC-EL ☐ MINC-PK ☐ Pre K ☐ PALS ☐ Single Service Delivery

Explain: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Return to ARL 10920 Clarksville Pike, Ellicott City, MD 21042, ATTN: Cassandra Miller or send via email to kwaiver@hcpss.org

### FOR OFFICE USE ONLY

☐ Approved ☐ Denied Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Superintendent's Designee

Copy to Parent/Guardian File

HOWARD COUNTY PUBLIC SCHOOL SYSTEM