



# 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 2025

### 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 2025-2026 school year. However I am requesting that my child **NOT** enter HCPSS Kindergarten during the 2025-2026 school year because:

☐ **Level of Maturity** (Child will enroll in Kindergarten in the 2026-2027 school year.) Explain:

☐ **B. Alternative Placement** (Child will enroll in Grade 1 in the 2026-2027 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:     /     /     \_\_\_\_\_

☐ **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 HCPSS 10910 Clarksville Pike, Ellicott City, MD 21042, ATTN: Lisa Watt or send via email to [kwaiver@hcpss.org](mailto:kwaiver@hcpss.org)

### FOR OFFICE USE ONLY

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

Superintendent's Designee

Copy to Parent/Guardian File

HOWARD COUNTY PUBLIC SCHOOL SYSTEM