

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 his/her best interest may be exempted from mandatory school attendance for one year.

STUDENT INFORMATION

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Date child would normally enter kindergarten: Fall 2023

PARENT / GUARDIAN INFORMATION

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

Parent Phone: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

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

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

TYPE OF EXEMPTION REQUESTED (CIRCLE ONE)

My child is age appropriate to enter Kindergarten for the 2023-2024 school year. However, I am requesting that my child **NOT** enter HCPSS Kindergarten during the 2023-2024 school year because:

A

Level of Maturity

(Child will enroll in Kindergarten in the 2024-2025 school year.)

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

B

Alternative Placement

(Child will enroll in Grade 1 in the 2024-2025 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 of Center, Home, or Program: \_\_\_\_\_

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.)

I am currently enrolled in an HCPSS program. I would like to waive kindergarten and am requesting that my child repeat their current program at \_\_\_\_\_ Elementary School.

- \_\_\_\_\_ MINC-PK
\_\_\_\_\_ Pre-K
\_\_\_\_\_ MINC-EL

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