

Howard County Public School System, 10910 Clarksville Pike, Ellicott City, MD 21042

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

Copy to Parent/Guardian, File