

**Alternative Kindergarten Program Setting Request Form
Anne Arundel County Public Schools**

Instructions: This form is to be used when requesting an exemption to kindergarten attendance because the family has elected to use an alternative kindergarten program setting. The parent/guardian completes Part I, II and III. The principal of the assigned school completes Part IV to indicate automatic approval and distributes copies (see Distribution below). At the end of the exemption year, the parent/guardian obtains information in Part V. The parent/guardian is to retain their copy to be used for enrollment of the student the following year.

Part I: Student Information – To be completed by the Parent/Guardian:

Student Name: _____
Birth Date: _____
Parent/Guardian Name: _____
Address: _____
Phone Number: _____
Student's Assigned School: _____

Part II: Special Education – To be completed by the Parent/Guardian:

Receiving Special Education Services: No _____ Yes _____

Part III: Check One Box as Appropriate and Sign – To be completed by the Parent/Guardian:

_____ I am applying for an exemption to kindergarten enrollment because my child will be in full-time attendance at a **licensed** Childcare Center.

Name of Childcare Center: _____

Address of Childcare Center: _____

Childcare Center License Number: _____ Expiration Date: ___/___/20___

_____ I am applying for an exemption to kindergarten enrollment because my child will be in full-time attendance with a **registered** Family Childcare Provider.

Name of Family Childcare Provider (FCP): _____

Address of FCP: _____

FCP's Registration Number: _____ Expiration Date: ___/___/20___

I understand that Licensed Childcare Centers and Family Childcare Providers are not required to cover the Maryland College and Career Readiness Standards and that my child may not receive instruction on all skills expected of a child entering Grade One in Anne Arundel County Public Schools.

Parent Signature: _____ Date: ___/___/20___

Part IV: To be completed by the Principal of the Assigned School:

Principal Printed Name: _____

Principal Signature _____ Date: ___/___/20___

Part V: To be completed by the Childcare or FCP Provider at the end of the exemption year:

Date Child Was Enrolled: ___/___/20___

Number of Days present: _____ Number of Days Absent: _____

Printed Name Childcare or FCP: _____

Signature, Childcare or FCP: _____ Date: ___/___/20___