



Kindergarten Waiver Request

Use this form to request that your child **does not** enter kindergarten.

Student Information

Name	Date of Birth	When Would Your Child Normally Enter Kindergarten? Fall 20 ____
AACPS School Your Child Would Attend		Requested Date for Your Child to Enter Kindergarten? Fall 20 ____

Parent/Guardian Information

Name of Mother/Guardian		Day Phone	
Name of Father/Guardian		Day Phone	
Street Address	City	State	Zipcode

Reason for Requesting that Your Child Does Not Enter Kindergarten (Level of Maturity Waiver Information)

I understand that my child must enroll in kindergarten in the fall of the following year.

Parent/Guardian Signature:	Date:
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**Submit to: Early Childhood Office, Anne Arundel County Public Schools
2644 Riva Road, Annapolis, MD 21401**

Office Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature of the Superintendent's Designee	
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Copy to: Parent/Guardian, File