

**CALVERT COUNTY PUBLIC SCHOOLS**  
**1305 Dares Beach Road**  
**Prince Frederick, Maryland 20678**

**REQUEST FOR EXEMPTION FROM KINDERGARTEN ATTENDANCE**

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As per the Code of Maryland Regulations 13A.08.01.02, all children in the State of Maryland who will be five years old by September 1, 2018 of the 2018-2019 school year are required to attend kindergarten.

This state mandate does, however, permit alternatives to attendance at a regular public or private school kindergarten. If you **do not** wish to have your child attend kindergarten, please indicate the alternative that you plan to follow by placing a check (✓) beside your choice and providing all pertinent information requested.

- \_\_\_\_\_ a. I plan to request a one year "level of maturity" waiver because I believe a delay in school attendance is in the best interest of my child. Student would be required to attend kindergarten next school year. **A letter of request addressed to the Superintendent of Schools should be attached to this form.**
  
- \_\_\_\_\_ b. I plan to enroll my five year old in the following alternative program as checked:
  - \_\_\_\_\_ 1. Full-time licensed child care center
  - \_\_\_\_\_ 2. Full-time registered family day care home
  - \_\_\_\_\_ 3. Part-time in a Head Start five year old program

**The following information is required for any of the alternative programs:**

Name of Alternative Program: \_\_\_\_\_

Address of Alternative Program: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**THIS SECTION TO BE COMPLETED BY CHILD CARE PROVIDER**

Signature of Child Care Provider \_\_\_\_\_

Child Care or Day Care License or Registration Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Note: When enrolling a child for first grade, the parent(s) must show proof of attendance in the alternative kindergarten program including dates of enrollment and number of days child was present and absent.**

NAME OF CHILD: \_\_\_\_\_ CHILD'S DATE OF BIRTH: \_\_\_\_\_

NAME OF SCHOOL STUDENT WOULD ATTEND: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN - PLEASE PRINT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City/State) (Zip

HOME PHONE: \_\_\_\_\_ Code) WORK PHONE: \_\_\_\_\_