

**CALVERT COUNTY PUBLIC SCHOOLS**  
**Department of Student Services**  
**1305 Dares Beach Road, Prince Frederick, Maryland 20678**

**REQUEST FOR EXEMPTION FROM KINDERGARTEN ATTENDANCE**

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 1st of the school year are required to attend kindergarten.

This state mandate does, however, permit alternatives to attendance at a regular public or private school kindergarten. This is reflected in Calvert County Public Schools' Student Attendance Policy and Procedures, #3005 and #3005.1.

If you **do not** wish to have your child attend kindergarten, please complete the following information.

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

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

SCHOOL YEAR REQUESTED FOR EXEMPTION: \_\_\_\_\_

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

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

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

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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 and **will have my child attend first grade next school year per COMAR 13A.08.01.02-2 (B-3):**

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)

**\*NOTE: When enrolling a child for first grade, the parent/guardian must show proof of attendance in the alternative kindergarten program including dates of enrollment and number of days child was present and absent.**

**THIS SECTION TO BE COMPLETED BY CHILD CARE PROVIDER OR PROGRAM DIRECTOR**

Signature of Provider/Program Director: \_\_\_\_\_

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

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