

**Exemption to Kindergarten
Attendance Requirement**

Office of Curriculum, Instruction, and Assessment – Early Childhood Programs
HARFORD COUNTY PUBLIC SCHOOLS
Bel Air, Maryland 21014

INSTRUCTIONS: This form is to be used when requesting an exemption to kindergarten attendance. The parent/guardian completes Parts 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, if appropriate. The parent/guardian is to retain their copy to be used for enrollment of student the following year.

PART I: STUDENT INFORMATION—To be completed by the parent/guardian

Student _____ Birth Date ____/____/____
Last First Middle

Parent/Guardian _____ Phone _____
Last First Middle Daytime Evening

Address _____
Street City State ZIP Code

ETHNICITY DESIGNATION. Read the definition below and check the box that indicates this student's heritage. Is this student Hispanic or Latino? (*Select one answer.*) ☐ Yes ☐ No
Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino**.

RACE DESIGNATION. Check the boxes that indicate this student's race. You must select at least one race, regardless of ethnicity designation. More than one response can be selected. Indicate this student's race. (*Select all that apply.*)

- ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

Student's Assigned School _____ Exemption Year _____

PART II: SPECIAL EDUCATION—To be completed by the parent/guardian

Receiving Special Education Services: ☐ No ☐ Yes (If yes, check services)

- ☐ Speech/Language ☐ Special Education Resource ☐ Occupational Therapy ☐ Physical Therapy
☐ Other _____

PART III: CHECK ONLY 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 child care center.

Name of Child Care Center _____

Address of Child Care Center _____
Street City State ZIP Code

Child Care Center License Number _____ Expiration Date ____/____/____

- ☐ I am applying for an exemption to kindergarten enrollment because my child will be in full time attendance at a registered family/ child care home.

Name of Family Child Care Provider _____

Address of Family Child Care Provider _____
Street City State ZIP Code

- ☐ I am applying for an exemption to kindergarten enrollment because my child will be in full time attendance at a nonpublic kindergarten program

- ☐ Name of Nonpublic Kindergarten program _____

Address of Child Care Center _____
Street City State ZIP Code

License Number _____ Expiration Date ____/____/____

- ☐ I am applying for an exemption to kindergarten enrollment because my child will be in full time attendance at a registered family/ child care home.

Name of Family Child Care Provider _____

Address of Family Child Care Provider _____
Street City State ZIP Code

Family Child Care Provider's Registration Number _____ Expiration Date ____/____/____

Signature, Parent/Guardian _____ Date ____/____/____

PART IV: To be completed by Principal

Signature, Principal _____ Date ____/____/____

PART V: To be completed by Child Care Center or Family Child Care Provider at the end of the exemption year

Date Child Was Enrolled ____/____/____ Number of Days Child Was Absent _____

Signature, Child Care, nonpublic kindergarten, or Family Child Care Provider _____ Date ____/____/____