HARFORD COUNTY PUBLIC SCHOOLS

Kindergarten One-Year Maturity Waiver

Child’s Name: __________________________________________ Date of Birth: ______

Parent’s Name: ____________________________________________________________________________________

Address: __________________________________________________________________________ City: __________ State: ______ Zip: ______

Telephone Number: Home: __________________________ Work: __________________________

School My Child Would Normally Attend: __________________________

This Kindergarten One-Year Maturity Waiver request is for the school year beginning September, 20____

Reason why a delay in entry to Kindergarten is in this child’s best interest:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

What steps will be taken to address this over the course of the next year prior to Kindergarten:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

A child who resides in Harford County and is five (5) years old may be exempted from mandatory school
attendance for one (1) school year if the child’s parent, guardian, or caretaker believes that a delay in school attendance is
in the best interest of the child. The parent, guardian, or caretaker must file a signed maturity waiver form with the
Director of Student Services requesting the waiver prior to the opening of school of the year in which the child becomes
five (5) years old. In submitting the mandatory waiver, the parent understands that it would be expected that the child
enter kindergarten the following school year.

_________________________ ______________________
Parent Signature Date

Approval:

_________________________ ______________________
Director of Student Services Date

RETURN FORM TO:

DIRECTOR OF STUDENT SERVICES
HARFORD COUNTY PUBLIC SCHOOLS
102 S. HICKORY AVENUE
BEL AIR, MD 21014

REV 12/2017
PS-PP8
COPY TO: PUPIL SERVICES
SCHOOL COPY
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