**Exemption to Kindergarten**

**Attendance Requirement**

Office of Curriculum, Instruction, and Assessment – Early Childhood Programs

HARFORD COUNTY PUBLIC SCHOOLS

Bel Air, Maryland 21014

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| **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. |
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| **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 childcare 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/ childcare 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 part time attendance in a Head Start 5-year-old program   Name of Head Start Program  Address of Head Start Program  *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 / / |

**Distribution:** COPY 1/Parent/Guardian; COPY 2/School; COPY 3/Early Childhood Programs Office