

## **Kindergarten One-Year Maturity Waiver**

Child's Name:			
Parent's Name:			
Address:	City:	State	: Zip:
Home Phone:	Cell Phone:	Work Phone:	
School my child would normally atter	nd:		
This Kindergarten One-Year Maturity Waiver request is for the school year beginning September(Year)			
Reason why a delay in entry to Kinde	rgarten 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 Count for one (1) school year if the child's pointerest of the child. The parent, guar of Student Services requesting the way years old. In submitting the mandat Kindergarten the following school year	arent, guardian, or caretaken dian, or caretaker must file a aiver prior to the opening o ory waiver, the parent unde	believes that a delay in schoo signed maturity waiver form w f school of the year in which t	I attendance is in the best with the Executive Director whe child becomes five (5)
Please note that approval of the Kind Pre-K Program.	dergarten One-Year Maturity	/ Waiver does not guarantee e	enrollment with the HCPS
Parent Signature		Date	
Bernard Hennigan, Executive Director of Stude	ent Support Services	 Date	<del></del>
Submit Form To: Mr. Bernard Hennigan			

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**Executive Director of Student Support Services** 

102 South Hickory Avenue Bel Air, MD 21014

Email: Bernard.Hennigan@hcps.org

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