

Kindergarten One-Year Maturity Waiver

Child's Name:		Date of Birth:			
Parent's Name	:				
Address:		City:		_ State:	Zip:
Home Phone: _		Cell Phone:	Work Pho	one:	
School my child	d would normally attend:				
This Kindergart	ten One-Year Maturity W	aiver request is for the scho	ool year beginning Sep	tember	(Year)
Reason why a d	delay in entry to Kinderga	arten is in this child's best ir	terest:		
	l be taken to address this	over the course of the nex	t year prior to Kinderg	arten:	
for one (1) scho interest of the of Student Serv years old. In s	ool year if the child's pare child. The parent, guardia vices requesting the waiv	and is five (5) years of age r ent, guardian, or caretaker k an, or caretaker must file a s ver prior to the opening of v waiver, the parent unders	believes that a delay in gned maturity waiver school of the year in v	school atten form with the which the chi	idance is in the best e Executive Director ild becomes five (5)
Waiver are no Education Prog waiver.	ot eligible to enroll in th	e. Please note that stude the HCPS Pre-K Program. A and agree that the IEP will No	dditionally, parents	of students	with Individualized
Parent Signature			Date		
Bernard Hennigan	, Executive Director of Student	Support Services	Date		
Submit Form To:	Mr. Bernard Hennigan Executive Director of Studen 102 South Hickory Avenue	t Support Services			Device d 1 /12 /2025
	102 South Hickory Avenue Bel Air, MD 21014 Email: <u>Bernard.Hennigan@h</u>	cps.org			Revised 1/13/2025