

Deputy Superintendent of Schools  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

EXEMPTION TO KINDERGARTEN  
ATTENDANCE REQUIREMENT

**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 IV, 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 \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F  
*Last First Middle*

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Last First Middle Daytime Evening*

Address \_\_\_\_\_  
*Street City State ZIP Code*

Student's Race/Ethnic Origin:  American Indian or Alaskan Native  Hispanic  Asian or Pacific Islander  
 African American  White, not of Hispanic Origin

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 a one year exemption to delay my child's entry into kindergarten due to immaturity.

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 day care home.

Name of Family Day Care Provider \_\_\_\_\_

Address of Family Day Care Provider \_\_\_\_\_  
*Street City State ZIP Code*

Family Day 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 Day Care Provider at the end of the exemption year**

Date Child was Enrolled \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Days Child Was Absent \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature, Child Care or Family Care Provider Date*