

KINDERGARTEN WAIVER FORM

In accordance with A.C.A. 6-18-201, I/we give notice to

_____, Superintendent of

_____ School District,

_____ County, that my/our

child, _____, who will be (5) on
(Child's Name)

or before September 15, will not attend kindergarten during this

school year. Further, I understand that an evaluation will be done

to determine if my child will be placed in either first grade or

kindergarten upon entering school.

Signature (Parent/Guardian)

Date

Address

City State Zip

Signature (Parent/Guardian)

Date

Address

City State Zip