

Kindergarten One-Year Maturity Waiver

Child's Name:		Date of Birth:	
Parent's Name:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
School my child would normally a	ittend:		
This Kindergarten One-Year Matu	ırity Waiver request is for the sch	ool year beginning September	(Year)
Reason why a delay in entry to Ki	ndergarten is in this child's best i	nterest:	
What steps will be taken to addre	ess this over the course of the nex	kt year prior to Kindergarten:	
for one (1) school year if the child interest of the child. The parent, { of Student Services requesting th	I's parent, guardian, or caretaker guardian, or caretaker must file a s ne waiver prior to the opening of ndatory waiver, the parent under	may be exempted from mandatory believes that a delay in school atter signed maturity waiver form with the school of the year in which the ch estands that it would be expected t	ndance is in the best e Executive Director ild becomes five (5)
Please note that approval of the Pre-K Program.	Kindergarten One-Year Maturity	Waiver does not guarantee enrollr	ment with the HCPS
Parent Signature		Date Date	
Bernard Hennigan, Executive Director of	Student Support Services	 Date	

Submit Form To: Mr. Bernard Hennigan

Executive Director of Student Support Services

102 South Hickory Avenue Bel Air, MD 21014

Email: Bernard.Hennigan@hcps.org

Revised 2/1/2023