

# 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