

## Plymouth Public School Kindergarten Waiver Form

Effective July 1, 2024, Public Act 23-208 requires children to turn five years old on or before September 1st to enroll in kindergarten. To support families with children who will not reach the age of five on or before September 1st, we are allowing a child's parent or guardian to submit a kindergarten waiver request. This waiver request, along with a screening to assess the child's development in various areas, will help us determine if a child is ready to begin kindergarten, even if they do not meet the new birthdate requirement.

### STUDENT INFORMATION

Child's Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian: \_\_\_\_\_ Parent/Legal Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### INFORMATION ABOUT YOUR CHILD

1. Did your child attend a Pre K program? \_\_\_\_\_
2. If they did attend a Pre K program, which Pre K program did they attend? \_\_\_\_\_
3. Can your child independently toilet themselves? \_\_\_\_\_
4. Can your child independently feed themselves? \_\_\_\_\_
5. Is your child able to separate from their parents for long periods of time? \_\_\_\_\_

### PLEASE INITIAL THE APPROPRIATE LINES

\_\_\_\_\_ I am aware that effective July 1, 2024, Public Act 23-208 requires children to turn five years old on or before September 1st to enroll in kindergarten.

\_\_\_\_\_ I understand that a screening will be utilized to assess the child's development in various areas (academic, social, physical, health, behavioral, and communication), and the school district will make the final determination if a child is ready to begin kindergarten.

\_\_\_\_\_ I understand that by submitting this waiver my child will be evaluated by the Plymouth Public Schools to determine their eligibility for kindergarten.

### PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Date Received: \_\_\_\_\_