



**ROGERS**  
Public Schools  
where all belong, all learn, and all succeed

Administration:  
**Dr. Roger Hill**  
Assistant Superintendent  
**Mr. Charles Lee**  
Assistant Superintendent  
**Mrs. Kristy Brown**  
Assistant Superintendent  
**Mr. Jim Davis**  
Assistant Superintendent

**KINDERGARTEN WAIVER FORM 2024- 2025**

In accordance with Arkansas Code Ann. 6-18-201, I/we hereby give notice to

Dr. Jeff Perry, Superintendent of Rogers School District #30, Benton County,

that my/our child \_\_\_\_\_, will not be six (6) on or  
(Child's Name)

before August 1, 2024. \_\_\_\_\_ will not attend  
(Child's Name)

kindergarten during the 2024-2025 school year. Further, I understand that an

evaluation will be done to determine if my child will be placed either in the

first grade or kindergarten upon entering school.

\_\_\_\_\_  
(Parent/Guardian) Signature Date

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
(Parent/Guardian) Signature Date

\_\_\_\_\_  
Address City State Zip