

**ST. MARY'S COUNTY PUBLIC SCHOOLS**  
*Department of Student Services*

*LEVEL OF MATURITY WAIVER / ALTERNATIVE PROGRAM SETTING WAIVER FOR MANDATORY KINDERGARTEN*

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of Student: \_\_\_\_\_

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

Parents/Legal Guardians: \_\_\_\_\_ Telephone: \_\_\_\_\_

School Year \_\_\_\_\_ Age of Student: \_\_\_\_\_ Assigned School: \_\_\_\_\_

Check appropriate items and sign below:

- I.  I am requesting a waiver from mandatory kindergarten/school attendance for one (1) year based on the maturity level of my child and will be registering my child in kindergarten the following year.
- II.  I am requesting a waiver from mandatory kindergarten in order to place my child in one of the following alternative program settings and will be registering my child in first grade the following year:
  - a.  Full-time licensed childcare center
  - b.  Full-time registered family daycare home
  - c.  Part-time Head Start 5-year-old program

\_\_\_\_\_  
Name of Program

\_\_\_\_\_  
Address of Facility

\_\_\_\_\_  
License/Registration Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature of Parents/Legal Guardians

\_\_\_\_\_  
Date

**Return this form to:** Director of Student Services  
St. Mary's County Public Schools  
23160 Moakley Street, Suite 104  
Leonardtown, Maryland 20650

**Action of Waiver Request:**  Approved  
 Denied

\_\_\_\_\_  
Director of Student Services                      Date  
(301-475-5511, ext. 32150)

cc: Principal - Assigned School  
Coordinating Supervisor of Birth to Five Program