

KINDERGARTEN WAIVER FORM

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

_____, Superintendent of _____

School District, _____ County, that my/our child

_____, will not be six (6) on or before
(Child's Name)

September 1, _____ of that particular school year. _____ will not
(Yr) (Child's Name)

attend kindergarten during the 20____-20____ school year. Further, I understand that an
(School Yr)

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