

**PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS**  
**Kindergarten Waiver/ Alternative Setting Verification Form – Students Must Be Age Eligible by September 1**

**Section 1 - STUDENT INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PGCPS BOUNDARY SCHOOL: \_\_\_\_\_  
DATE STUDENT WOULD ENTER KINDERGARTEN: \_\_\_\_\_ FALL: \_\_\_\_\_  
GUARDIAN NAME 1: \_\_\_\_\_ GUARDIAN NAME 2: \_\_\_\_\_  
PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Section 2 – MATURITY WAIVER REQUEST**

I wish to delay enrollment due to my child's level of maturity.  (check here) **COMPLETE SECTION 4 AND SUBMIT**

My child will be enrolled in a full-time license childcare center.  (check here)  
**COMPLETE SECTION 3 & 4 AND SUBMIT (SECTION 5 WILL BE REQUIRED UPON ENROLLMENT INTO FIRST GRADE)**

**Section 3 - EXEMPTION REQUESTED DUE TO ALTERNATIVE PLACEMENT**

*Only complete if student will be enrolled **OR** already attended Kindergarten at a full-time licensed childcare center.  
The student is Kindergarten age eligible and will enroll in grade 1 upon completion.*

Center Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Director's Name: \_\_\_\_\_ Director's Signature: \_\_\_\_\_

**Section 4 – MATURITY WAIVER REQUEST**

***By signing, I agree that the information above is true to the best of my knowledge.***

\_\_\_\_\_  
Parent/Guardian Signature                      Date                      Parent/Guardian Signature                      Date

**Section 5– REQUEST FOR ENROLLMENT INTO FIRST GRADE**

*Only complete if the age eligible student wishes to enroll into First Grade in the Fall **AND** attended Kindergarten at a full licensed Childcare center. The below must be completed and submitted directly to the school.*

**Completed by Child Care Center at end of exemption year.**

Date Child Was Enrolled \_\_\_\_\_ Number of Days Child was Absent \_\_\_\_\_

Signature of Child care Representative \_\_\_\_\_ Date: \_\_\_\_\_

**SEND TO: Pupil Accounting**  
**14201 School Lane, Room 211, Upper Marlboro, MD 20772 OR Email: pasb.enrollment@pgcps.org**