DETROIT PUBLIC SCHOOLS COMMUNITY DISTRICT

Kindergarten Waiver Request for 2018-2019 School Year

According to Michigan Law (MCL 380.1147), if a child residing in the City of Detroit is not five years of age on September 1 but will be five years of age not later than December 1, the parent or legal guardian of that child may enroll the child in kindergarten for the current school year if the parent or legal guardian notifies the school district in writing that he or she intends to enroll the child in kindergarten.

My child will not be 5 years of age prior to September 1, 2018 but will be 5 years of age by December 1, 2018. This document shall serve as my written notification to the DPS Community District of intent to enroll my child at:

_________________________________________________________ for kindergarten for the 2018-19 school year.

A school district that receives this written notification may make a recommendation to the parent or legal guardian as to whether the child is not ready to enroll in kindergarten due to the child's age or other factors. Regardless of the district recommendation, the parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is five years of age not later than December 1, 2018.

Student Name: _____________________________ Date of Birth: ____________

Verification of Age: □ Birth Certificate □ Government Record □ Hospital Record
(Check one) □ Court Record □ Citizenship Paper □ Other: _____________________________
(Specify)

Evidence of School Readiness (provided by parent):

1) __________________________________________________________________________
2) __________________________________________________________________________
3) __________________________________________________________________________

Parent/Guardian’s Printed Name ___________________________ Parent/Guardian’s Signature ___________________________ Date ___________________________

Detroit Public Schools Community District Recommendation

☐ I agree with the recommendation of the parent(s) to enroll in kindergarten.

☐ I recommend kindergarten begin in September of next year for the following reasons:

1) __________________________________________________________________________
2) __________________________________________________________________________
3) __________________________________________________________________________

Principal’s Printed Name ___________________________ Principal’s Signature ___________________________ Date ___________________________

DPSCD REV. 8/16/2018