



KINDERGARTEN WAIVER FORM

In accordance with Act 598 of 1989, I/we hereby give notice to Dr. Tony Thurman, Superintendent of the Cabot School District, Lonoke County, that my/our child

Child's Name

Date of Birth

who will be five (5) years of age on or before August 1, 2018, will not attend kindergarten during the 2018 - 2019 school year.

Further, I/we understand that an evaluation will be done to determine if my/our child will be placed either in first grade or kindergarten upon entering school.

Printed Name (parent/guardian)

Date

Signature (parent/guardian)

Date

Address

City

State

Zip

Home Phone

Please return completed form to:
Central Administration Office.