



PULASKI COUNTY SPECIAL SCHOOL DISTRICT

KINDERGARTEN WAIVER FORM

In accordance with Act 570 of 1999, I/we hereby give notice to _____ ,
the Superintendent of the Pulaski County Special School District in Pulaski County, that my/our child,
_____, who will be five (5) on or before August 1st, will not
attend kindergarten during the _____ school year. Further, I understand that an
evaluation will be done to determine if my child will be placed either in first grade or kindergarten
upon entering school.

Parent/Guardian Signature

Date

Street Address

_____, _____
City State Zip Code

Parent/Guardian Signature

Date

Street Address

_____, _____
City State Zip Code

Completed original must be returned to:

*Division of Equity and Pupil Services
Pulaski County Special School District
925 East Dixon Road/P O. Box 8601
Little Rock, AR 72216*