

KINDERGARTEN WAIVER FORM

In accordance with Act 598 of 1989, I/we hereby give notice to the Superintendent's Office of Benton School District, Saline County, that my/our child, \_\_\_\_\_, who will be five (5) on or before August 1, will not attend kindergarten during the 2023-2024 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.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_,  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_,  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP