Parent/Guardian Name(s)

Home Address

Parent Email

Phone number 1

Phone number 2

DELIVERED VIA EMAIL

Home School Principal Name

Job Title

Elementary School

Address

Principal Email

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

As per the Code of Maryland Regulations, Sec. 13a.08.01.02-2: Exemptions to Kindergarten Attendance Requirement, Section B - Alternative Program Settings, I submit this notification to you as of DATE.

I plan to enroll STUDENT FULL NAME (DOB) in an alternative kindergarten program for the 20??-20?? academic year. S/he will attend SCHOOL located at ADDRESS. The license number is #\_\_\_\_\_\_\_\_\_. Dates of attendance will be from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_.

STUDENT NAME will then be enrolled at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Elementary School for 1st grade in the academic school year 20??-20??. At that time, all records from alternative kindergarten will be submitted with other required documentation.

If you have any questions, please feel free to contact me at the phone number(s) above. I look forward to a successful kindergarten year, and a smooth transition to 1st grade in Fall 20??.

Sincerely,

SIGNATURE