

STATE OF SOUTH CAROLINA
FORM TO ELECT NON-ATTENDANCE IN COMPULSORY KINDERGARTEN

Child's Legal Name: _____ Date of Birth: _____
(Verify from birth certificate)

Birth Certificate Number: _____ Census Code: _____

Parent or Legal Guardian _____

Address _____

Telephone _____

District/Elementary School _____

Address _____

I am fully aware that kindergarten attendance is compulsory for children in South Carolina who are five years of age on or before September 1.

However, I do not elect to enroll my child in a kindergarten program during the _____ - _____ school year.

I understand that this may affect my child's education in later years, and I accept responsibility for this action.

Date

Signature of Parent or Guardian

Date

Signature of Witness (School Personnel)

This form will be filed in your child's school record at the time of school entry and remain a part of that permanent record.