



Preschool Promise Waiver Request Form

_____	_____	_____
Child's Name	Child's Date of Birth	Phone Number
_____	_____	_____
Address	City	State Zip
_____	_____	
Adult 1 Name	Relationship to Child	
_____	_____	
Adult 2 Name	Relationship to Child	
_____	_____	_____
Email		Previous Preschool/Birth-3 experience

Reason for Requesting a Waiver

- Age ineligible with NO previous preschool experience
- Age ineligible with previous preschool experience
- Age ineligible but on an IEP
- Age ineligible but cannot start kindergarten (Kettering City Schools and Mad River Local School)
- Age ineligible and NOT ready for kindergarten
- Other – please state reason: _____

**Additional documentation may be required including documentation from a medical or education professional.

_____	_____
Parent/Guardian Signature	Date

Please Return To:

Preschool Promise
4801 Springfield St.
Dayton, OH 45431

Via email at applications@preschoolpromise.org

Via text message to (937) 329-2700

OFFICE USE ONLY: Date Submitted: _____ Approved _____ Denied _____ Date: _____

Signature of Preschool Promise Rep.: _____