

**PARENT/GUARDIAN REQUEST FOR WAIVER
OF ENGLISH LANGUAGE, INSTRUCTION REQUIREMENTS
& REQUEST FOR BILINGUAL CLASSROOM**

Name of Student: _____
Name of
Parent/Guardian: _____
Address of
Parent/Guardian: _____

Telephone Number: _____
Native Language
of Child: _____
This Waiver Request
is for School Year: _____

I am the parent/legal guardian of the child named above. I have personally visited my child's school and I have been provided with a full description of the educational materials to be used in the different educational program choices and all the educational opportunities available to my child.

I request a waiver of the requirement that my child be placed in a classroom in which instruction is overwhelmingly in English. I request, instead, that my child be placed in a classroom with bilingual education or native/foreign language instruction, in which much or all instruction, textbooks and teaching materials are in my child's native language or a foreign language.

Reason for waiver request (to be confirmed by school district):

_____ My child already knows English (to be confirmed by standardized tests of English vocabulary comprehension, reading and writing, at or above state average grade level, not to exceed 5th grade level)*

_____ My child is at least 10 years old (district must determine that the child's rapid acquisition of basic English language skills will be better achieved through an alternative program)*

_____ My child has special needs (district must determine that the child's physical, emotional, psychological, or educational needs will be better served through an alternative program).* I understand that I am not required to consent to a waiver because of these special needs.

I understand that this waiver applies only to the school year listed above and I must request a waiver on an annual basis for the waiver to continue.

Signature of Parent/Guardian

Date

Signature of Principal/Designee

Date

District Use Only

****District: Attach test results or basis for determination to parent/guardian and district copies.***

Eligibility for Waiver Confirmed:

Signature of Superintendent

Date