

PARENTAL EXCEPTION WAIVER (Children with Special Needs)

Name: _____ Grade: _____

School: _____ Date of Birth: _____

Language Designation: _____

I believe that my child has special needs and that an alternate course of study is better suited to his/her educational development. (Check all that apply and provide a brief statement).

_____ Educational Needs _____ Physical Needs _____ Emotional/Psychological Needs

Therefore, I request a waiver of the school's Structured/Sheltered English language program. I understand that the objective for my child is to be taught English as rapidly and effectively as possible. I have personally visited the school to apply for this waiver.

I understand that my child must be placed in an English language classroom for 30 calendar days and that this waiver will be considered by the Superintendent pursuant to Board-established guidelines.

I have been provided a full written description of: the intent and content of the structured English immersion program; any alternative courses of study offered by the district and made available to my child; all educational opportunities offered by the district and made available to my child; and the educational materials to be used in the different educational program choices.

I understand that I must request that this waiver be reconsidered annually, each school year.

Parent/Guardian Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

For School Use Only:

Waiver Granted/Denied: _____ Date: _____

Signature: _____