

**EXHIBIT 1: PARENTAL EXCEPTION WAIVER**

EDUCATION CODE 311(a): Children who know English

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Language Designation: \_\_\_\_\_

My child possesses good English language skills and for that reason I request a waiver of the Office’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 have been provided a full written description of: the intent and content of the structured English instruction 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: (\_\_\_\_) \_\_\_\_\_

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**For School Use Only:**

Child's English standardized test scores: Scores must be at or above the state average for the child's grade level or above the 5th grade average:

\_\_\_\_\_

Waiver Granted/Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**EXHIBIT 2: PARENTAL EXCEPTION WAIVER**

EDUCATION CODE 311(b): Children 10 years or older

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Language Designation: \_\_\_\_\_

My child is 10 years or older and I believe that an alternate course of study is better suited to my child’s rapid acquisition of English. For that reason, I request a waiver of the Office’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 have been provided a full written description of: the intent and content of the structured English instruction 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: (\_\_\_\_) \_\_\_\_\_

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**For School Use Only:**

Waiver Granted/Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**EXHIBIT 3: PARENTAL EXCEPTION WAIVER**

EDUCATION CODE 311(c): Children with Special Needs

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ 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 Office’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 instruction program; any alternative courses of study offered by the Office and made available to my child; all educational opportunities offered by the Office 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: \_\_\_\_\_