



## TTUSD Parent Exception Waiver Request Form

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Room# \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Waiver Requested for School Year: \_\_\_\_\_

Native Language of Child: \_\_\_\_\_

☐ I am the parent/legal guardian of the child named above.

☐ I personally visited my child's school on \_\_\_\_\_ [date] to request this this waiver.

☐ I received a full written description, and/or upon request a spoken description, of the structured English immersion program and any alternative courses of study and all educational opportunities offered by the District and available to my child.

☐ I received a full description of the educational materials to be used in the different educational program choices described above.

☐ I request a waiver of the requirement that my child be placed in a classroom in which the instruction is primarily in English. I request, instead, that my child be placed in a classroom where s/he will be taught English and other subjects through bilingual education techniques or other generally recognized educational methodologies permitted by law. My reason(s) for this waiver request is/are (select one or more of the following):

☐ My child already knows English. [To be confirmed by standardized tests of English vocabulary comprehension, reading and writing, at or above the state average for his/her grade level or at or above the 5<sup>th</sup> grade level, whichever is lower.]

☐ My child is age ten years or older. [In all such cases, the school principal and educational staff must have an informed belief that an alternative course of educational study would be better suited to the child's rapid acquisition of basic English language skills.]

☐ My child has special physical, emotional, psychological or educational needs. [In all such cases, the child must have been placed initially for a period of not less than 30 days in an English language classroom, and the school principal and educational staff must have an informed belief that the child has such special needs that an alternate course of educational study would be better suited to the child's overall educational development. In addition, the District Superintendent must approve the waiver request pursuant to District guidelines.]

☐ I have included a written description of my child's special needs for this waiver request.

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date



## TTUSD Waiver Status Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parent/Guardian:

☐ Your request for a parental exception waiver to have your child participate in an alternative language program has been **approved** for the following reason(s):

- ☐ Your child already knows English.
- ☐ Your child is age ten years or older.
- ☐ Your child has special physical, emotional, psychological or educational needs.

This is the status of your child's enrollment:

- ☐ Your child will continue in the \_\_\_\_\_ program.
- ☐ Your child will be placed in the \_\_\_\_\_ program.
- ☐ Your child's name will be placed on a waiting list and you will be notified if the school receives enough waiver requests to form a class at this school, or your child may transfer to this public school where an alternative class is available:  
\_\_\_\_\_ [name of school]. Please contact your school principal to arrange for this transfer.

☐ Your request for a parental exception waiver to have your child participate in an alternative language program has been **denied** because:

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Based upon this denial and pending any appeal, your child's enrollment will continue in the following program: ☐ Structured English Immersion ☐ Mainstream English Language.

*You have the right to appeal this denial of your waiver request for review and final action by the School Board. If you wish to do so, please review the Waiver Appeal Process (EL Form 11d) and contact your school principal to request an appeal meeting.*

\_\_\_\_\_  
School Principal

\_\_\_\_\_  
Date