



## Parent Waiver Application of ESL Services

This form is used by parents to request an alternative to English Language Education.  
Parents or legal guardians of an English Learner must complete this application

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Full Name:		Student ID#	
Native Language of Student:	School year for which the waiver is requested:	Grade:	
Parent/Guardian Name:			
Address:			
City	State	Zip Code	
Telephone number:		Email:	

- I have personally visited my child's school.
- 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 am applying for a waiver to remove my child from English Development Language Services.

**Reason for waiver request (to be verified by school):** The student has met at least one (1) of the three (3) circumstances for which a parental exception waiver may be applied. At least one of the following circumstances must be checked:

- My child already knows English:** the child already possesses good English language skills, as measured by oral evaluation or standardized tests of English vocabulary comprehension, reading, and writing, in which the child scores approximately at or above the state average for his/her grade level; or,
- My child has been in the ESL program for more than 7 years:** it is the informed belief of the school principal, ESL Coordinator, and educational staff that an alternate course of educational study would be better suited to the child's overall educational progress and rapid acquisition of basic English language skills as documented by the analysis of individual student needs found on the Individualize Language Development Plan (ILDLP); or,

- My child has special individual needs:** the child already has been placed in a Special Education program and it is subsequently the informed belief of the school principal, ESL Coordinator, and educational staff that the child has such special and individual physical or psychological needs, above and beyond the student's lack of English proficiency, that an alternate course of educational study would be better suited to the student's overall educational development and rapid acquisition of English. An IEP for the specific child must be provided and permanently added to the child's official school records and the waiver application must contain the original authorizing signatures of the ESL Coordinator and the IEP case manager.

I understand that I must apply for this waiver on an annual basis. **I was fully informed of my right to refuse to agree to this waiver.** I understand that English Language proficiency testing will continue regardless of acceptance or refusal of ELD services until my child scores Fluent (five) on the State's English Language Proficiency assessment, ACCESS for ELLs.

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

\_\_\_\_\_  
Date

- Application Granted
- Application Rejected

\_\_\_\_\_  
Signature of ESL Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of IEP Case Manager  
**(required only with waiver #3)**

\_\_\_\_\_  
Date