



Marysville Joint Unified School District

Parental Exemption Waiver Request Form

For the school year _____

Child's Name: _____ Birth date _____ Grade _____

Name of Parent/Guardian: _____

Address: _____ Zip Code _____

Telephone: (Home) _____ (Work): _____

I have been informed by the principal and educational staff at _____ School that my son/daughter, has been/will be placed in a Structured English Immersion or English Language Mainstream program. I have personally visited my child's school and have received and reviewed written descriptions of the Structured English Immersion program and all educational opportunities offered by the school district that are available to my child, including the Bilingual Alternative program options.

I request a waiver of the requirement that my child be placed in a classroom in which instruction is overwhelming or nearly all in English because my child has a special physical, emotional, psychological, or educational need, as indicated below.

- My child has an educational need best met through an alternative program. An educational need may be indicated by grades, classroom work, product, and/or student assessment utilizing any of the following assessment tools: ELD Standards, IPT, grades, California Standards Test, APRENDA/STS, proficiency tests, portfolios.
- Student is scoring above average on academic achievement tests or has otherwise exhibited giftedness or a particular facility with language acquisitions, such that he or she would benefit from a bilingual educational approach.
- The student has a current IEP which recommends instruction in the primary language.
- The school psychologist has recommended that the child's particular emotional and/or developmental needs are best met in a primary language setting.
- Home-school connection is lacking. Student is not able to participate fully in the educational program because student cannot receive assistance from parents with homework.
- Student is exhibiting poor self-esteem and/or poor social adjustment; student is withdrawn and not participating in classroom activities.

I understand that this waiver applies to the school year listed above and I must request a waiver on an annual basis for the waiver to continue. I understand that my request shall be acted upon within 20 instructional days of receipt by the principal, or 10 days following the 30 calendar day placement period required by students requesting waivers under section 311 (c), whichever is later. I also understand that if my request is denied, I will receive a written explanation of the reason(s) for denying my waiver request, if applicable. I have also been advised of the appeal process, should my waiver be denied.

I understand that admission is subject to capacity and I may not get my first choice of alternative program.

Signature of Parent/Guardian

Date

Signature of District Employee

Date