



# Marysville Joint Unified School District

## Appeal form for Parent Exemption Waiver To appeal denial of the Parental Exemption Waiver

Student Name \_\_\_\_\_

School \_\_\_\_\_ ID Number \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade \_\_\_\_\_

Dear Parent of English Learner:

Your request for a Parental Exemption Waiver had been denied. The school principal and educational staff have met and determined that evidence exists that the alternative program would not be better suited for the overall educational development of the student. Specific reasons for the denial of the waiver request (based on the attached record(s) of student performance) follow:

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

\_\_\_\_\_  
Date

- I agree with this decision.
- I do not agree with this decision. (See below)

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

\_\_\_\_\_  
Date

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**If you do not agree and you wish to appeal this denial, please write your concerns below and mail this form to: MJUSD, Educational Services, 1919 B Street, Marysville, Ca 95901. If no response from the parent is received within 15 days of the date of this letter, agreement will be assumed.**

I wish to appeal the denial of my request to have my student placed into an alternative program for the following reasons:

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