



Student Programs and Services
 313 West Winton Avenue Hayward, CA 94544
 Telephone: 510-670-4590

Request for Parental Exception Waiver

Student's Name: _____ Student Id: _____
Last Name First Name

Birth Date: _____ Native Language: _____ CELDT Level: _____

Parent/Guardian: _____ Phone Number: _____

Address: _____ City: _____ Zip Code: _____

School: _____ Teacher: _____ Grade: _____

The principal and/or educational staff has informed me that my child has been placed in a structured English immersion program. I have received and reviewed written descriptions of the structured English immersion program, alternative courses of study, and all educational opportunities offered by the school district.

I hereby request a waiver of the requirement that my child be placed in a classroom in which the instruction is overwhelmingly in English. I request, instead, that my child be placed in a bilingual education program in which some of the instruction, textbooks and teaching materials are provided in Spanish. **I am requesting a parental exception waiver under (choose the section which applies to your child):**

- Section 311 (a) of the California Education Code: My child already knows English. (School must confirm English fluency by using standardized tests of English vocabulary, comprehension, reading and writing in which the child scores at or above the state average for his/her grade level or at or above the 5th grade average, whichever is lower.)
- Section 311 (b) of the California Education Code: My child is at least 10 years old. (School must determine that the child's rapid acquisition of English language skills will be better achieved through an alternative program.)
- Section 311 (c) of the California Education Code: My child has a special need. (School must determine that the child's physical, emotional, psychological, or educational needs will be better served through an alternate program.) Please state special need and how this need was identified: _____

I understand this waiver applies only to the current school year and must be renewed on an annual basis.

Parent/Guardian Signature: _____ Date: _____

For School/Central Office Use Only:

I acknowledge receipt of this waiver, which was personally delivered to me by the parent/guardian of child named above.

_____ Date Request was Received
Signature of Principal

Waiver request is granted and the student has been placed in a bilingual education program.

Waiver denied. Reason for denied: _____

Appeal Process: Parent may contact the Chief of Schools - Student Programs and Services at 510-670-4590 to schedule an appointment to appeal the denial of the *Request for Parental Exception Waiver*.

_____ Date
Principal/School