

**PARENTAL EXCEPTION WAIVER**  
**(Title 5: California Code of Regulations: 311)**

School \_\_\_\_\_ Date of waiver request \_\_\_\_\_  
Grade \_\_\_\_\_ Waiver request for school year \_\_\_\_\_  
Student's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

I am the parent/guardian of the child named above. I have personally visited my child's school and have been provided with a full description of the programs, the educational materials to be used in each program, and the educational opportunities available to my child.

I request a waiver of the requirement that my child be placed in a structured English immersion program. I request, instead, that my child be placed in an alternative primary language program in which some of the instruction, textbooks and materials are provided in my child's native language. I believe that an alternative primary language program best meets my child's educational needs.

Reason for waiver request (to be confirmed by school district):

- My child already knows English. (To be confirmed by standardized tests of English vocabulary comprehension, reading and writing at or above state average for child's grade level, or at state average for fifth grade, whichever is lower, or is identified as fluent English proficient.)
- My child is at least ten years old. (District must determine that the child's rapid acquisition of basic English language skills will be better achieved through an alternative program.)
- My child has special needs. I believe that an alternative program would better meet my child's educational needs for the following reason(s):
  - My child does not understand all of the classroom instruction.
  - The program has caused confusion for my child because it conflicts with the instruction he/she received in previous years.
  - I am not able to help my child with homework in English.
  - My child is falling behind in schoolwork.
  - I want my child to be bilingual.
  - I can't communicate with my child's teacher.

Additional information: \_\_\_\_\_

I understand that the district must determine that my child's physical, emotional, psychological, or educational needs will be better served through an alternative program. If the district makes this determination a written description of the child's "special needs" will be prepared. I further understand that I must request a waiver each year for my child to continue to participate in an alternative instructional program.

Signature of parent/guardian	Date	Received by	Date
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I believe that an alternative course of educational study would be better suited to the above-named child's overall educational development.

Signature of district employee	Date
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- Waiver request examined and approved.
- Waiver request examined and rejected. Parent has been informed in writing of the reason(s) for the rejection and has been informed of the procedure for appeal.

Principal's Signature	Date
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