

**CENTRAL UNION SCHOOL DISTRICT**  
**Exhibit #1**

**E 6174**

**Instruction**

Education For English Language Learners

**PARENTAL EXCEPTION WAIVER**  
**EDUCATION CODE 311(a): Children who know English**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Language Designation: \_\_\_\_\_

My child possesses good English language skills and for that reason I request a waiver of the school's Structured/Sheltered English language program. I understand that the objective for my child is to be taught English as rapidly and effectively as possible.

I have personally visited the school to apply for this waiver.

I have been provided a full written description of: the intent and content of the structured English immersion program; any alternative courses of study offered by the district and made available to my child; all educational opportunities offered by the district and made available to my child; and the educational materials to be used in the different educational program choices.

I understand that I must request that this waiver be reconsidered annually, each school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For School Use Only:

Child's English standardized test scores: Scores must be at or above the state average for the child's grade level or above the 5th grade average:

\_\_\_\_\_

Waiver Granted/Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**CENTRAL UNION SCHOOL DISTRICT**  
**Exhibit #2**

**E 6174**

**Instruction**

PARENTAL EXCEPTION WAIVER  
EDUCATION CODE 311(b): Children age 10 or older

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Language Designation: \_\_\_\_\_

My child is 10 years of age or older and I believe that an alternate course of study is better suited to my child's rapid acquisition of English. For that reason, I request a waiver of the school's Structured/Sheltered English language program. I understand that the objective for my child is to be taught English as rapidly and effectively as possible.

I have personally visited the school to apply for this waiver.

I have been provided a full written description of: the intent and content of the structured English immersion program; any alternative courses of study offered by the district and made available to my child; all educational opportunities offered by the district and made available to my child; and the educational materials to be used in the different educational program choices.

I understand that I must request that this waiver be reconsidered annually, each school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For School Use Only:

Waiver Granted/Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**CENTRAL UNION SCHOOL DISTRICT  
Exhibit #3**

**E 6174**

**Instruction**

PARENTAL EXCEPTION WAIVER  
EDUCATION CODE 311(c): Children with Special Needs

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Language Designation: \_\_\_\_\_

I believe that my child has special needs and that an alternate course of study is better suited to his/her educational development. (Check all that apply and provide a brief statement)

Educational Needs  Physical Needs  Emotional/Psychological Needs

\_\_\_\_\_  
\_\_\_\_\_

Therefore, I request a waiver of the school's Structured/Sheltered English language program. I understand that the objective for my child is to be taught English as rapidly and effectively as possible. I have personally visited the school to apply for this waiver.

I understand that my child must be placed in an English language classroom for 30 calendar days and that this waiver will be considered by the Superintendent pursuant to Board-established guidelines.

I have been provided a full written description of: the intent and content of the structured English immersion program; any alternative courses of study offered by the district and made available to my child; all educational opportunities offered by the district and made available to my child; the educational materials to be used in the different educational program choices; and opportunity to transfer to another public school district in which a specific class is offered.

I understand that I must request that this waiver be reconsidered annually, each school year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For School Use Only:

Waiver Granted/Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_