



**LOMPOC UNIFIED SCHOOL DISTRICT
EDUCATION SERVICES**

Student's Name

Grade

Date of Birth

Student I.D.

School

Teacher

School Year

PARENTAL EXCEPTION WAIVER REQUEST (ENGLISH MAINSTREAM PROGRAM)

I believe that Structured English Immersion (Designated ELD Group, ELD Course) will not meet my child's educational needs. I request a waiver which will allow my child to be instructed in the English Mainstream Program. I have received and reviewed LompoC School District's Title III letter and the alternative programs have been thoroughly explained to me. I understand the waiver must be requested annually and in person. It expires at the end of each school year. I request that my child be placed in the alternative course of education study below (please check one):

- English Mainstream Program Dual Immersion (Hapgood Elementary School)

Choose one of the waiver options below (please check one):

	Children who already know English. The child possesses good English language skills as measured by state assessment tests of 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 5 th grade average, whichever is lower. (5 CRR 311a)
	My child is ten years old or older. (5 CCR 311b)
	My child has special needs. (5 CCR 311c) I understand that my child must participate in Structured English Immersion for thirty days during the first year of enrollment in California schools. I request the alternative program due to the special needs of my child (check below): <input type="checkbox"/> Educational Needs <input type="checkbox"/> Emotional/Psychological Needs <input type="checkbox"/> Physical Needs

I understand that in the English Mainstream Program, integrated and differentiated ELD instruction appropriate to the English proficiency level of each English Learner must be provided by an authorized teacher until the student is reclassified.

Parent/Guardian Signature

Date

School Counselor or ELA Teacher

Date

FOR SCHOOL USE ONLY (Place completed waiver request in green EL folder)

- Waiver request granted. The student has been placed on the waiting list.
 Waiver request granted. The student has been placed in the following program: _____
 Waiver request denied. The parent has been informed in writing of the reason(s) for the denial of the waiver and has been informed of the procedures for appeal.

Principal Signature

Date



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

Student Name _____

School _____ ID Number _____ Grade _____

Dear Parent of English Learner:

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

Principal Signature

Date

School Counselor or ELA Teacher

Date

I agree with this decision

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

Parent Signature

Date

If you do not agree and wish to appeal this denial, please write your concerns below (Continue on back if additional space is needed). Mail this appeal to LUSD Educational Services, 320 North A Street, Lompoc, CA 93437. If no response from the parent is received within 15 days of the date of this denial of exemption waiver, agreement will be accepted.

I wish to appeal the denial of my request to have my student placed into an alternative program for the following reason(s):

