



**BILINGUAL INSTRUCTION / NATIVE LANGUAGE INSTRUCTION
REQUEST FOR PARENTAL EXCEPTION WAIVER
5-206.A**

Students name (Last, First, M.I.)

School Current grade Birthdate Home phone

Work phone Message phone

Parent/Legal Guardian's name (Last, First, M.I.)

Home address (Street City Zip)

E-mail address

I, _____ the undersigned parent /legal guardian of the above student, visited the school and while present was provided with a full description of the education materials to be used in different educational program choices, and a full description of all the educational opportunities available to my child. I herein request a waiver from the application of A.R.S. [15-752](#) - being placed in an English language classroom and consent to placement in a bilingual education/native language instruction program.

The reason for the request is that the above-named student:

- Possesses good English language skills Is
- age ten (10) or older
- Has special individual needs

The following (or attached) information is provided to assist in making a determination as to the granting of the waiver.

Signature of Parent or Legal Guardian Date

FOR DISTRICT USE ONLY ♦ DO NOT WRITE BELOW THIS LINE

Date stamp Approved Denied

Principal Date

Superintendent Date
(Only required for special individual needs)