

## **Arizona Department of Education**

## Office of English Language Acquisition Services

## **Bilingual Parental Waiver Request Application**

School Name

SSID

This application is used by parents to request an alternative to English Language Education as specified in A.R.S. §15-753. Parent/Guardian of an English learner must complete this application annually per A.R.S. §15-752.

District Name

Parent/Guardian Last Name	First Name	
Student's Last Name	First Name	Middle Initial
Address		
City	State Arizona	Zip Code
Native Language of Student	School year for which the waiver is requested	Grade
choices and all the educational opportunities available	rom an English language or Structured English Imme	rsion classroom
At least one of the following circumstances must be check  Waiver 1 (A.R.S. §15-753B.1) My child already knows Er  measured by oral evaluation or standardized tests of Eng scores approximately at or above the state average for his/her g	nglish: the child already possesses good English landlish vocabulary comprehension, reading, and writing,	in which the child
Waiver 2 (A.R.S. §15-753B.2) My child is 10 years or older an alternate course of educational study would be better suit basic English language skills as documented by the analysis	ted to the child's overall educational progress and ra	
Waiver 3 (A.R.S. §15-753B.3) My child has special individudation thirty calendar days during this school year in an English lang principal and educational staff that the child has such special student's lack of English proficiency, that an alternate course of development and rapid acquisition of English. A written descript for the specific child must be provided and permanently added to the original authorizing signatures of both the school principal	guage classroom and it is subsequently the informed be and individual physical or psychological needs, above educational study would be better suited to the student's cution of no less than 250 words documenting these specials the child's official school records and the waiver application.	elief of the school and beyond the overall educational individual needs
I understand that I must apply for this waiver on an annual basis	I was fully informed of my right to refuse to agree to	this waiver.
Signature of Parent/Guardian	Date	☐ Application Granted
Signature of School Principal	Date	☐ Application
Signature of Superintendent (Required Only for Waiver 3)	 Date	Rejected

The signed and completed application with test results or basis for determination shall be kept on file by the LEA. (Revised 05-2023)