



Santa Barbara Unified School District

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www.sbsdk12.org

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; 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: _____

Exhibit: SANTA BARBARA UNIFIED SCHOOL DISTRICT
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