POTTERVILLE PUBLIC SCHOOLS

ENGLISH LEARNERS EDUCATION PROGRAM

PHONE NUMBER

EL Support Services Waiver

Parent/Guardian Last Name First Name		
Address		
City	Phone Number	
Child's Last Name First Name Middle Initial		
School	School year for which the waiver is requested	Grade
UIC	Native Language(s) of Student	

- I have reviewed my child's recent assessment results with the School Principal, Mid-Michigan Migrant and EL Staff, or Counselor.
- I have been provided with a full description of the English Language Services that my child qualifies for and the benefits of those services.
- I understand that while I have the right to waive English Language services from my child, I may not waive the federal and state mandated, annual WIDA tests in the spring.
- I understand that this waiver is renewed annually and that I may withdrawal it at any time during the school year.

I would like to remove my child from all English Learners services in the district.

_____ _____
Signature of Parent/ Legal Guardian Date

_____ _____
Signature of School Principal Date