

Wm. S. Hart Union High School District

**Waiver/Refusal of English as a Second
Language/Bilingual Program**

Date _____

Dear Parent or Guardian:

Your child, _____, has been identified as being eligible for an English as a Second Language/Bilingual program. This determination is based on an assessment of your child's ability to understand, speak, read and write English.

If you do not agree with this determination or do not want your child in this program, please sign the waiver notice below and return it to the school. If you have any questions, please call me at _____.

Sincerely,

Principal or Program Designee

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Mukilteo, WA 98275
P03098



**Waiver/Refusal of English as a Second
Language/Bilingual Program**

Dear Principal or Program Designee:

I do **not** want my child, _____, to be placed in the program.

Name of Parent/Guardian: _____ Date: _____

Signature: _____ Phone: _____