



WAIVER OF SERVICES

(For Parents/Guardians of children who have been identified as ELL)

This is to confirm that I have been informed of my rights as to the services available to my family regarding the translation of written communications, school related forms, reports, letters, or written policies/procedures. However, I **do not** wish to have any written communications, school related forms, reports, letters, or written policies/procedures translated from English to any other language(s) for my child or my family.

Date: _____

Student Name: _____

Street Address: _____

School: _____

Parent/Guardian Signature: _____