

Parent/Guardian Request For Waiver of English Language Instruction

Name of student:	Grade:	Room#
Name of Parent/Guardian:		
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Telephone Number		
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This Waiver request is for School Year:		
I am the parent/legal guardian of the child named above. I have per		
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English Learner PROGRAM Description ELEMENTARY

DOB Grade Last Name Student's First Name The two main goals of programs serving English Learners are to develop proficiency in English and to provide access to the core curriculum. In accordance with state law, the Sacramento City Unified School

receive daily ELD instruction at their level.