

Greenfield Public Schools
School year 20__ to 20__

G.L. c.71A Program Waiver

Parent or Legal Guardian Informed Consent Form*

I am knowingly and voluntarily requesting that my child receive a waiver from the requirements of G.L. c.71A. I understand that if school officials grant my waiver request my child will receive bilingual instruction or some other type of language support rather than sheltered English immersion instruction. Upon my personal visit to the school, school officials provided me with a full description in a language that I understand, of the educational materials to be used in the different educational program choices and of all the educational opportunities available to my child.

For a child with special needs: I understand that the existence of special individual needs shall not compel issuance of a waiver, and I have been fully informed of my right to refuse to agree to a waiver.

Based on this information, which I have read and understood, I am requesting a program waiver for my child for the 20__ to 20__ school year. I have been fully informed of my right not to apply for or agree to a program waiver.

Child's name

Parent or Guardian signature

Parent or Guardian signature

Date

Date

**If the Parent or Legal Guardian Informed Consent Form is provided in a language other than English, attach that form to the waiver application.*

CC: Student Services office
Cumulative file