

Dillon School District 3

Waiver for the English for Speakers of Other Languages (ESOL) Program

I understand that _____ (child's name) is eligible to receive special language services in order to improve proficiency in speaking, reading, and writing in English. I also understand that in order to receive a high school diploma, students in South Carolina must possess a certain level of English proficiency in order to complete the required twenty-four units of course study and to pass exit examinations.

Despite these requirements, I waive _____ (child's name) right to participate in an English Speakers of Other Languages (ESOL) Program with the understanding that it may prove difficult for the child to be successful in all content areas without these supplementary languages services.

Your child's educational success will continue to be monitored and he or she may be re-evaluated for services at any time. Your child will also continue to be evaluated annually with the English Language Development Assessment (ELDA).

Printed Name of Parent/Guardian

Printed Name of Parent/Guardian

Date