

Guam Department of Education

WAIVER OF ESL SERVICES

School: _____
Phone: _____
Principal: _____
ESL Coordinator: _____

Student Name: _____ Student ID # _____

Parent/Guardian Name: _____ Grade: _____

I understand that my child is eligible to receive ESL services. I also acknowledge that I have been advised that my child needs these services to realize his/her full academic potential. I have discussed the ESL Program with the ESL Coordinator and have decided that I do **not** want my child to participate in the program.

Parent/Guardian's Signature Date

School Principal's Signature Date

ESL Coordinator's Signature Date

Conference Notes Date _____ Time _____

