



**Waiver of ESL Testing and Services
for
Allendale Public School Students**

I / We, the parent(s) of _____(Name of Student), understand that our son / daughter is eligible to be tested (Woodcock-Munoz Language Survey) and based on the test results to receive services in the English as a Second Language program at Allendale Public Schools

I / We wish to decline the test and those services (check box).

I / We have discussed this decision with the school personnel and understand the Federal Requirements for testing and services (check box).

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____