



Ayer Shirley Regional School District

141 Washington Street
Ayer, MA 01432
Phone: (978) 772 - 8600

G.L. c. 71A Program Waiver *Students age 10 and up*

Parent or Guardian Informed Consent Form*

I am knowingly and voluntarily requesting that my child receive a waiver from the requirements of G.L. c. 71A, as amended ("Question 2"). 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.

Based on this information, which I have read and understood, I am requesting a program waiver for my child. 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 and Guardian Informed Consent Form is provided in a language other than English, attach that form to the waiver application.

Forms:program_waiver