

**DISTRICT BILINGUAL WAIVER REQUEST
SCHOOL YEAR 2012-2013**

OFFICE OF TITLE I

District Name: _____

County Name: _____

Contact Person: _____

E-Mail: _____

Pursuant to law and code governing bilingual education (N.J.S.A. 18A-18 and N.J.A.C. 6A:15), a district may request a waiver from the requirement to conduct a full-time bilingual education program, and establish an instructional program alternative. A waiver may only be granted if the district is able to demonstrate that due to the age range, grade span and/or geographic location of eligible students, it would be impractical to provide a full-time bilingual program.

***Please provide a detailed explanation of the reason for the waiver request, which must include students' age range, grade span, and geographic location. A district must demonstrate that running a full-time bilingual program is impractical based on one or more of the three aforementioned criteria.** (Please complete Parts A and B for each language for which you are requesting a waiver).

Part A: District Waiver Request

This waiver is requested for the following reasons:

Age range

Grade span

Geographic location

Specify which bilingual program instructional alternative (Bilingual Part-time, Bilingual Resource, Bilingual Tutorial, High-Intensity ESL, Sheltered English Instruction) is proposed to be offered in lieu of a full-time bilingual education program.

2012-2013 DISTRICT BILINGUAL WAIVER REQUEST

County Name _____ District Name _____

Part B: Program Information

A. Language for which waiver is requested _____

B. Please list the number of LEP students in this language group by grade level in each school they attend.

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Requested by:

Reviewed by:

Chief School Administrator

Date

Office of Title I

Date

Approved: YES _____ NO _____

Director, Office of Title I

Date