



West Liberty CSD

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West Liberty Community School District
Dual Language Program
Consent to Withdraw

Child's name: _____

Parent/Guardian's name: _____

- ____ Yes ____ No I have discussed my concerns about my child's participation in the Dual Language program with my child's Dual Language teacher.
- ____ Yes ____ No I have discussed my concerns about my child's participation in the Dual Language program with the building principal and/or Dual Language Coordinator.
- ____ Yes ____ No I understand that giving consent for withdrawal from the Dual Language program means that my child is unable to enter the West Liberty Dual Language program in the future.

Parent/Guardian signature: _____ Date: _____

Original: Brenda Arthur-Miller/Cumulative Folder

Copy 1: Parent

Copy 2: Dual Language Teacher

Our mission: to support and engage students in challenging, diverse learning opportunities to prepare them for productive and meaningful lives in a changing world. *Nuestra misión: para apoyar a los estudiantes y hacerlos participar en oportunidades de aprendizaje que son desafiantes y diversas, para prepararlos para una vida productiva y significativa en un mundo cambiante.*