

Shelby Public School District  
Verbal Translation Documentation

This document is used when important documents or policies are not available in a language that parents can understand or in the case of a literacy barrier.

Name of Parent(s): \_\_\_\_\_

Name of Student(s): \_\_\_\_\_

Date: \_\_\_\_\_

Name of Translator: \_\_\_\_\_

Name of Translated Documents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ agree that these documents were translated into a language that I can understand.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

Notes from Translator: