

ENGLISH LANGUAGE DEVELOPMENT PROGRAM

PARENTAL REINSTATEMENT REQUEST FORM

Student Name: _____ Date of Inclusion: _____

School Name: _____ Student ID#: _____

I, _____ (insert parent name) reviewed my child's academic progress and English language proficiency level to date, and wish to..

_____ have my child participate in **all** of the ELD programs and services offered to my child.

_____ have my child participate in **some** of the ELD programs and/or particular ELD services offered to my child.

I wish to include my child's participation in (*List program/services*)

Parent/Guardian Signature: _____ Date: _____