

**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*)

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_