ENGLISH LANGUAGE DEVELOPMENT PROGRAM
Parental Reinstatement Request Form

Student Name: _____ PaSecure ID: _____

School Name: _____ Date of Inclusion: _____

I, _____ (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 English Language Development programs and services offered to my child.

☐ Have my child participate in **some** of the English Language Development programs and/or particular English Language Development services offered to my child.

Parent/Guardian Signature: _____

Date: _____

INGLIZ TILINI RIVOJLANTIRISH DASTURI
Ota-onalarning tiklash uchun ariza shakli

O'quvchi ismi: _____ PaSecure ID: _____

Maktab nomi: _____ Qo'shilgan sana:_____

Men, _____ (ota-ona ismi)farzandimning hozirgi kundagi ilmiy yutuqlari va ingliz tilini bilish darajasini ko'rib chiqdim va quyidagilarni xohladim:

☐ Farzandimga barcha ingliz tilini rivojlantirish dasturlari va xizmatlarida qatnashishiga ruxsat bering.

☐ Farzandimga ingliz tilini rivojlantirish dasturlari yoki ingliz tilini rivojlantirish bo‘yicha ba’zi xizmatlarda ishtirok etishini so‘rang.

Ota-ona/Vasiy imzosi: _____

Sana:
_____