

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: _____

恢复英语语言发展计划服务

家长申请表

学生姓名: _____ PaSecure ID: _____

学校名称: _____ 参加此项目的日期: _____

本人, _____ (家长姓名) 已查阅了本人孩子当前的学业进度和英语能力水平, 并希望:

让我的孩子参加为我的孩子提供的**所有**英语语言发展计划和服务。

让我的孩子参加**一些**英语语言发展计划和/或为我的孩子提供的特定英语语言发展服务。

家长/监护人签名: _____

日期: _____