

September 9, 2011

Dear Parents,

Your child, **Student's Name**, **Grade 2**, will be participating in English Language Services to help him/ her develop better skills in English. In this program, your child will be given individual and /or small group instruction.

Please feel free to call Mrs. Mary Gould, English Language Services Coordinator, or me 201-440-2782, if you have any questions concerning your child. We will be happy to set up an appointment to discuss the program with you.

Thank you for your cooperation.

Sincerely,

William DeFabiis, Ed.D.
Chief School Administrator

PLEASE NOTE:

- You have the right (N.J.A.C. 6:31-1.12) to review and discuss with me the procedures and pertinent data used to identify your child as having Limited English Proficiency. Please also be advised that an appeal process is in place, according to N.J.S.A 18A:6-9, if you wish to challenge the identification of your child.
- By law (P.L. 1974, c. 197, P.L. 1995, X59 and c. 327) you may request that your child not receive this service. To do so, write a letter to me of your intention.

PLEASE SIGN AND RETURN TO SCHOOL

(Date)

I understand and agree that my child, **Student's Name**, **Grade 2**, will be receiving English Language Services.

PARENT/GUARDIAN'S SIGNATURE _____