

Miller Place Union Free School District
Miller Place, New York 11764
Board of Education Policy

4326-E.2

PROGRAMS FOR ENGLISH LANGUAGE LEARNERS EXHIBIT

**PLACEMENT IN A LANGUAGE INSTRUCTION EDUCATIONAL PROGRAM
PARENT RESPONSE FORM.**

NOTE: This form must be returned within 10 school days.

I, as parent/guardian of (*insert child's name*), acknowledge receipt of the district's notification regarding my child's eligibility for an English Language Learner program. I elect the following option:

(check one box)

- ☐ I accept the district's recommended placement.
- ☐ I decline the district's recommended placement and request a meeting with the building principal and ELL program supervisor.
- ☐ I request my child's placement in a different district ELL program, (insert the name of the preferred program).

Print Name (Parent)

Parent Signature

Date

Mail to: (district provide mailing address)
Or email to: (provide district email address)

Reference:

Adopted: 01/25/2017
Reviewed: 12/07/2022
Revised: 01/25/2023