Manhasset Union Free School District
Board of Education Policy Manual

4326E2 PROGRAMS FOR ENGLISH LANGUAGE LEARNERS EXHIBIT PARENT RESPONSE FORM

_____

{Date}

NOTE: This form must be returned within ten (10) school days from the date indicated above.

I, as parent/guardian of _____, acknowledge receipt of the district's notification
Child's name
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 another available district ELL program, (insert the name of the preferred program).

_____
Print Name (Parent)

_____ _____
Parent Signature *Date*

Mail to: *Manhasset School District*
200 Memorial Place
Manhasset, NY 11030
Attention:

Or email to: _____*(provide email address)*

ADOPTED: July 9, 2015