

| School | Year |
|---------|-------|
| 3011001 | ı Cai |

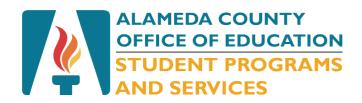
English Learner Program

Parental Request for Program Change

| Student Name: | | Birth Date: | Grade: | | | | |
|---|--|--|--|----|--|--|--|
| Name of Parent/Guardian: | | | | | | | |
| Address: | | City | Zip Code | | | | |
| Telephone (home): | (cell): | | E-mail: | | | | |
| full description of the educational by the principal and/or educational | materials that w | ill be used in diff | | | | | |
| After reviewing the options availal provided in English and/or not by | · | | , , , | | | | |
| If my child is under ten years of ag program overwhelmingly in English English Immersion (SEI). | | · | [upon first enrolling] receive a efore participating in any Structured | j | | | |
| program change on an annual basi acted upon within 20 instructional | s for the request I days of receipt quired by studen er is later. I also ne reason(s) for ould my request b | to continue. I use to continue. I use the principal, ts requesting EL understand that denying my requeed denied. | program changes under section C. t if my request is denied, I will uest, if applicable. I have also been | | | | |
| | | | | | | | |
| Parent/Guardian's Name | Parent/Gua | rdian's Signature | Date | | | | |
| ACOE Employee's Name | ACOE Emp | oloyee's Signature | Date Form Rec | 'd | | | |
| Office Use Only: | | | | | | | |

Denied

Approved



English Learner Program

Response to Parental Request for Program Change

for English Learners Requesting Alternative Placement

| Student Name: | | | School: | Date: | |
|---|--|---|---|--|--|
| Stu ID#: | DOB: | Age: | Grade: | Primary Lang: | |
| Telephone (home): | | (cell): | | E-mail: | |
| Dear Parent: | | | | | |
| After careful review | v, your request | t for an EL Progra | m Change has be | en: | |
| determined tha the Structured To the Parent: district's appeal | t it is not in the English Immers If you wish to a /complaint pro | e student's best in sion (SEI) provided appeal the denial o | nterests to partici d by ACOE schoo of your Program | and the ELL coordinator have pate in a program alternative to ols. Change Request, please follow the as are in the ACOE Student & | |
| Comments: | | | | | |
| Principal's Name | | Principal's Sig | gnature | Date | |
| ELL Coordinator | 's Name | ELL Coordin | nator's Signature | Date | |
| Copies of this form to | o: Cumular | tive folder 🔲 F | Parent ELL | Coordinator | |