



Discover a World of Opportunity™

ELA SERVICES

PARENT PERMISSION FORM OPTION 1 & 2

Student Name: _____ Date of Birth: ____/____/____ Student ID Number: _____ Grade: _____

Parent(s) or Guardian(s):

The district offers classes for students whose first/home language is not English. After reviewing the information in the ELA Parent Brochure, and watching the ELA Video, choose one of the following options:

OPTION 1

I want my child to learn English while receiving some classes in Spanish. I understand my child will transition from instruction in Spanish to instruction in only English over time. My child will receive English Language Development until s/he no longer needs this help and is fluent in English.

I select this option

OPTION 2

I want my child to learn English in English-speaking classes with teachers who are trained to provide my child extra support in learning English in reading, writing, math, science, and social studies.

I select this option

***If Option 1 is not available at your child's school, you have the option for her/him to attend a different school to receive classes in Spanish. Please ask office staff which Zone School option you have.*

Please indicate which school personnel has provided you with an explanation of the options which are available and answered any questions you may have: (mark all applicable)

- Principal ELA Administer CH-ISA member Other _____

Please indicate whether you have been provided the opportunity to read the ELA Parent Brochure AND view the ELA Parent Video.

- Yes No

I understand that if I want to make changes to my child's classes, I will complete a new Parent Permission Form.

Parent/Guardian Name (print): _____

Parent/Guardian Signature _____ Date ____/____/____

For Internal Use Only
Comments: _____
Parent(s) or Guardian(s) was/were notified of available English Language services according to the DPS Procedures.
School Name _____ School Number _____
Signature of School Leader _____ Date ____/____/____