

ENGLISH LANGUAGE DEVELOPMENT PROGRAM

Parental Reinstatement Request Form

Student Name:

PaSecure ID:

School Name:

Date of Inclusion:

I,
(parent/guardian name) reviewed my child's academic progress and English language proficiency level to date and wish to:

- Have my child participate in **all** of the English Language Development programs and services offered to my child.
- Have my child participate in **some** of the English Language Development programs and/or particular English Language Development services offered to my child.

Parent/Guardian Signature: _____ Date: _____