DUMONT PUBLIC SCHOOLS



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Dear Parent/Guardian,

Parent's Signature:

Your child has been tested for English fluency and needs additional support and assistance in speaking and understanding English. Our district provides an English language program for students who demonstrate a need for instruction in English language skills. The English as a Second Language program (ESL) offers a curriculum of activities designed to teach students listening, speaking, reading, and writing skills necessary for success in school.

Please be advised that if you wish to decline these educational benefits, by law you may request that he/she not receive any services. If you wish to waive your child's right to eligibility, write a letter of your intentions to your child's ESL teacher within ten (10) days. is enrolled in the English as a Second Language Program. His/her teacher for this program is _____. Please feel free to contact your child's teacher to discuss the reasons for this placement and your child's level of proficiency. If you should have any additional questions, you may contact your child's school. Sincerely, Maria Poidomani PLEASE RETURN TO ESL TEACHER BY ___Monday 9/17/2018. Name of Student _____ Date_ [] Yes, I would like my child to be placed in the ESL program. [] Yes, I would like an interpreter when necessary. Language: _____