

**PROGRAMS FOR ENGLISH LANGUAGE LEARNERS EXHIBIT  
PLACEMENT IN A LANGUAGE INSTRUCTION EDUCATIONAL PROGRAM  
PARENT RESPONSE FORM.**

*NOTE: This form must be returned within 10 school days.*

I, as parent/guardian of \_(insert child's name)\_, acknowledge receipt of the district's notification 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 a different district ELL program, (insert the name of the preferred program).

\_\_\_\_\_  
*Print Name (Parent)*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

*Mail to:  
Director of Student Services  
194 Haight Road, P.O. Box 405  
Amenia, NY 12501*

Revised: November 7, 2016  
Adoption Date: February 6, 2012