



GENESEEE INTERMEDIATE SCHOOL DISTRICT
OFFICE OF EDUCATION AND LEARNING
CURRICULUM & INSTRUCTION
 2413 West Maple Avenue
 Flint, Michigan 48507

English as a Second Language
 Sara Rainwater, ESL Coordinator
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School District: _____ **School Building:** _____

Principal Name: _____

Student Name: _____

Dear Parent/Guardian:

Please read this form and return it to your child’s teacher or principal.

As previously noted to you, your child is eligible to receive ESL (English as a Second Language Services). ESL services provide your child with a tutor and additional learning materials or opportunities. The tutors provide English language instruction and coursework support. Research shows that children with language support increase their English skills more rapidly and have greater success in the classroom than ELL students who do not receive language support.

It is our understanding that, at this time, you do not wish for your child to receive ESL services. Regardless of participation in the ESL Program, the MI Department of Education (MDE) will require your child to take the ELPA (English Language Proficiency Assessment) until your child shows that his/her skills in English are in the proficient range. Accordingly, please demonstrate your decision by checking the appropriate box below and giving your signature.

I want my child to receive ESL services this school year.

I do not want my child to have ESL services this school year. I understand that my child is eligible for ESL services because of his/her English proficiency as demonstrated by a MDE approved assessment. I understand that the State of Michigan will require my child to take the Spring ELPA until he/she shows English proficiency and this will determine ESL Program eligibility.

 Parent/Guardian Signature

 Date

COPY – School

COPY - Parent

COPY – Genesee ISD