**ENGLISH LANGUAGE DEVELOPMENT PROGRAM**

**Parental Reinstatement Request Form**

Student Name: Click here to enter text. PaSecure ID: Click here to enter text.

School Name: Click here to enter text. Date of Inclusion: Click here to enter a date.

I, Click here to enter text. (insert parent 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: