



LOS ANGELES UNIFIED SCHOOL DISTRICT  
MEMORANDUM

MEM-4448.0  
September 15, 2008

ATTACHMENT C

(LETTERHEAD)

PARENT NOTIFICATION – ELEMENTARY  
English Language Acquisition Program (ELAP)

To the Parent/Guardian of \_\_\_\_\_ (Date)  
\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Date of Birth) (Grade) (Track) (Room #)

We are pleased to be able to offer the English Language Acquisition Program (ELAP), a 30-hour after school or Saturday on-track support program, at our school. The ELAP Program is offered to your son/daughter in order to support your child's acquisition of English in the following subject area(s):

- Reading  Written Language  Mathematics (Grades 4/5 only)  English Learners: English Language Development
- Science  Social Studies

Dates/days of program: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Please complete the information below and return this form to your child's teacher. We look forward to your child participating in this program.

Sincerely,

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

Parent/Guardian Statement:

I have received and understand the above information regarding the English language support program offered to my child.

- Yes, I give permission for my child to attend.
- No, I do not give permission for my child to attend.

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Telephone Number