



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

MEM-4449.0
September 15, 2008

ATTACHMENT D

(LETTERHEAD)

PARENT NOTIFICATION – MIDDLE SCHOOL
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/Language Arts
- Mathematics
- English as a Second Language (ESL)
- Science
- Social Studies

Dates/days of program: _____ Time: _____

Location: _____

Please complete the information below and return this form to your child's teacher or counselor. 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) Counselor

Parent/Guardian Signature Date

Home Address Telephone Number