

TACOMA PUBLIC SCHOOLS
Second Language Acquisition Program

APPROVAL OR DISAPPROVAL OF SERVICES

DATE _____

STUDENT NAME _____ SCHOOL _____

STUDENT NO. _____ GRADE _____

Dear Parent/Guardian:

Our latest language assessment shows that your child is qualified for instruction under the Tacoma Second Language Acquisition program.

The main goal of this program is to enable limited English speaking students to gain English fluency and to meet grade promotion and graduation standards.

Please sign below and indicate your *Approval* or *Disapproval* of your child's participation in the program.

1. **YES, I APPROVE** of my child's participation in the Tacoma Second Language Acquisition program.

Parent/Guardian _____
(Printed Name) (Signature)

Telephone Number _____

2. **NO, I DISAPPROVE** of my child's participation in the Tacoma Second Language Acquisition program. I assume full responsibility for the future academic success or failure of my child.

I fully understand, in English and/or native language, that the Tacoma Second Language Acquisition Program Staff has recommended placement for my child in the appropriate program as required by law.

Parent/Guardian _____
(Printed Name) (Signature)

Telephone Number _____

Comments _____

- NOTES:**
- ± An adult student, 18 years or over, can make decisions on his/her educational program and sign in appropriate space above.
 - ± Parent/Guardian/Student's signed copy should be sent to the principal and ESL teacher at the concerned school for the "Cumulative File".
 - ± A signed copy should be filed in Second Language Acquisition Office.

IF YOU HAVE ANY QUESTIONS OR NEED A TRANSLATOR, PLEASE CALL (253) 571-1415