

**ENGLISH LANGUAGE DEVELOPMENT PROGRAM  
Parental Reinstatement Request Form**

Student Name: \_\_\_\_\_ PaSecure ID: \_\_\_\_\_

School Name: \_\_\_\_\_ Date of Inclusion: \_\_\_\_\_

I, \_\_\_\_\_ (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: \_\_\_\_\_