

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: _____

MPANGO UKUZAJI WA LUGHA YA KIINGEREZA

Fomu ya Ombi la Urejeshaji la Mzazi

Jina la Mwanafunzi: _____

Kitambulisho cha PaSecure: _____

Jina la Shule: _____

Tarehe ya Ujumuishaji: _____

_____ (jina la mzazi) nilikagua maendeleo ya elimu ya mtoto wangu na kiwango cha ujuzi wa lugha ya Kiingereza hadi sasa na ningependa:

- Mtoto wangu ashiriki katika mipango na huduma **zote** za Ukuzaji wa Lugha ya Kiingereza zinazotolewa kwa mtoto wangu.
- Mtoto wangu ashiriki katika **baadhi** ya mipango ya Ukuzaji wa Lugha ya Kiingereza na/au huduma fulani za Ukuzaji wa Lugha ya Kiingereza zinazotolewa kwa mtoto wangu.

Saini ya Mzazi/Mlezi: _____

Tarehe: _____