



# PALISADES CHARTER HIGH SCHOOL

*Empowering Educational Excellence.*

April 3, 2018

Dear Parents:

Palisades Charter High School is planning for the 2018 Extended School Year (ESY) Program. Students eligible to participate in ESY are individuals with exceptional needs whose Individualized Education Program (IEP) specifies an extended year program as determined by the IEP team.

The purpose of ESY is to support students in retaining skills and behaviors acquired over the past school year that may be lost over an extended summer break. It is not designed for enrichment, credit recovery, or advancement for the next school year.

Our 2018 Extended School Year (ESY) Program will be provided from **June 11, 2018 through July 6, 2018** from **8:00 a.m. to 12:20 p.m.**

Please complete and return the attached **Enrollment and Emergency Information** form to your child's case carrier **no later than Friday, April 27<sup>th</sup>**. Enrollment forms received after the due date may adversely affect assignment of classroom personnel, and transportation service if indicated on the IEP.

Prior to the end of the semester, you will receive a letter about your child's assigned room, transportation, and confirmed dates for ESY.

Sincerely,

Emilie Larew  
Program Specialist  
Special Education Department



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## 2018 Extended School Year (ESY) Enrollment Form June 11, 2018 to July 6, 2018 8:00am to 12:20pm

- YES**, I want to enroll my child for the ESY Program. Complete entire enrollment form.
- NO**, I do not want to enroll my child for the ESY Program.  
(If no, complete student's name, grade, birthday and parent signature only.)

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_/\_\_\_/\_\_\_

Teacher / Case Carrier: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Emergency Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Indicate if your child has any health problems, takes any medication(s), or has any health/physical activity limitations:

\_\_\_\_\_  
\_\_\_\_\_

If the principal is unable to reach me in an emergency, he/she is authorized to contact and, if necessary, release my child to the following person(s):

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address Telephone

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address Telephone

**Parent's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**RETURN TO YOUR TEACHER BY: April 27, 2018**