

Freehold Township Schools
English as a Second Language Program
Parent Permission Form

Student Name _____ Date _____

Parent Name _____

Home Address _____

Home phone number _____

Based on district assessments, your child is eligible to receive ESL services for the following reasons:

Non-English Reader _____

Non-English Writer _____

Non-English Speaker _____

Limited English Reader _____

Limited English Writer _____

Limited English Speaker _____

Proficient English Reader _____

Proficient English Writer _____

Proficient English Speaker _____

I understand that my child is eligible and will receive ESL services based on the above information. I realize that this is the only program of instruction that specifically helps students to achieve proficiency in English and will be continued until the child achieves English proficiency. The ESL program was explained to me and any questions regarding the program have been answered. At this time, I grant permission for enrollment of our child in the ESL program.

Parent Signature