

Ventnor Educational Community Complex
Gina Scharff, MSW, LCSW
Supervisor of Special Education & ELL Services
Child Study Team
400 N. Lafayette Avenue
Ventnor City, NJ 08406

PHONE: (609) 487-7900 ext.503

FAX: (609) 487-1039

\$today's date text\$

\$contact name\$
\$number\$ \$street\$
Ventnor City, NJ 08406

Dear \$contact name\$:

Your child \$first name\$ has been tested and is eligible for participation in our English as a Second Language (ESL) Program. ESL is offered as an independent program to students whose native language is not English, and includes additional English language instruction in the areas of listening skills, oral communication, reading comprehension, and writing.

Please complete the attached permission slip for your child's participation and return this form to your child's homeroom teacher, \$hr title\$ \$hr last name\$ as soon as possible.

We look forward to working with \$first name\$. Please feel free to contact us if you have any questions.

Sincerely,

Gina Scharff
Supervisor of ELL Services

cc: Building Principal

Permission to Participate in the English as a Second Language (ESL) Program

_____ Yes, please enroll my child in the ESL Program.

_____ No, I do not want my child to participate. I will contact the school regarding my decision.

(Please Print) Child's Name

(Please Print) Parent/Guardian Name

Signature of Parent/Guardian

Date

