

School District of Philadelphia
Office of Specialized Services
 440 North Broad Street, Philadelphia, PA 19130

INSERT DATE

Dear Parent

At the time of your child's IEP meeting, it was determined that your son/daughter was eligible for the Extended School Year (ESY) Program. ESY begins on Tuesday, July 1, 2014, and ends on Thursday, August 7, 2014

Your child will be enrolled in the 2014 ESY Program. Your child's teacher can provide more information regarding the program. A summer program is offered, during which your child's BSY program outlined in his/her IEP, can be implemented. The Program is on Tuesdays, Wednesdays, and Thursdays from 9:00 a.m. to 1:00 p.m.. The Office of Transportation will send you a letter at the end of June regarding school assignments and pick up times. You will also receive a name tag for your child with the Transportation letter. If your child cannot tell an adult his or her name when asked, we request that the name tag, included in the transportation letter, be placed on your child on the first day of ESY, as appropriate. This will help ensure the safety of all students. Please COMPLETE and SIGN below. Thank you and we look forward to hearing from you about ESY.

PLEASE RETURN COMPLETED/SIGNED FORM TO YOUR CHILD'S TEACHER

2014 ESY REGISTRATION (Please Check One)

My child **WILL ATTEND** the 2014 ESY Program.

My child **WILL NOT ATTEND** the 2014 ESY Program.

Student Name (Please PRINT) _____ Date of Birth _____

Home Address _____

Current 2013-2014 School _____

SCHOOL PLEASE COMPLETE:
Student ID#: _____

* * * * * **TRANSPORTATION** * * * * *

PICK UP AND DROP OFF INSTRUCTIONS (Please Check One)

Please **PICK UP** my child at our home address as listed above.

Please **PICK UP** my child at the alternate address below.

Pick-Up Street Address _____ Zip Code _____

Pick-Up Contact Name _____ Contact Phone # _____

Please **DROP OFF** my child at our home address as listed above.

Please **DROP OFF** my child at the alternate address below.

Drop-Off Street Address _____ Zip Code _____

Drop-Off Contact Name _____ Contact Phone # _____

Signature: Parent/Guardian _____ Date _____

DO NOT INSERT THIS PARENT LETTER IN ESY STUDENT FOLDER