

*Miller Place Union Free School District*  
*Miller Place, New York 11764*  
**Board of Education Policy**

**4326-E.2**

PROGRAMS FOR ENGLISH LANGUAGE LEARNERS EXHIBIT

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**PLACEMENT IN A LANGUAGE INSTRUCTION EDUCATIONAL PROGRAM  
PARENT RESPONSE FORM.**

*NOTE: This form must be returned within 10 school days.*

I, as parent/guardian of (*insert child's name*), acknowledge receipt of the district's notification regarding my child's eligibility for an English Language Learner program. I elect the following option:

*(check one box)*

- I accept the district's recommended placement.
- I decline the district's recommended placement and request a meeting with the building principal and ELL program supervisor.
- I request my child's placement in a different district ELL program, (*insert the name of the preferred program*).

\_\_\_\_\_  
*Print Name (Parent)*

\_\_\_\_\_  
*Parent Signature*

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

*Mail to: (district provide mailing address)*  
*Or email to: (provide district email address)*

***Reference:***

***Adopted:*** 01/25/2017

***Reviewed:***

***Revised:***