

**Wm. S. Hart Union High School District
Notice of Parent Meeting
for English Language Learners**

School: _____ Date: _____

Dear Parent or Guardian:

Our school receives federal funds for Title III programs that are part of the *No Child Left Behind Act of 2001*. These federal funds help our school provide an English language development program to students identified as *English language learners*.

It is important for you to know that your involvement as partners with the school is important to a relevant and successful educational experience for all of our students. This letter is an invitation to join with us in ensuring that your child will successfully meet the challenges of today's high academic standards.

The school district and/or your child's school will be holding meetings for parents of students participating in an English language development program. The purpose of these meetings is to listen to your concerns for your child's academic progress and to provide you with information on how you can work with us to ensure that your child succeeds in:

- attaining English language proficiency, and
- attaining the same high levels of achievement that all students are expected to meet.

You are invited to attend the following meeting for parents/guardians of students in an English language development program.

Meeting Date: _____
Time: _____
Meeting Location: _____

Please let us know if you can attend the meeting by completing the "Parent Participation Form" and having your child return it to his/her teacher. Please call your child's school or the school district office at _____ (phone) if you have any questions or concerns.

We look forward to working with you toward the goal of excellence for your child.

Sincerely,

Name Title

Wm. S. Hart Union High School District
Parent Participation Form
Parent Meeting of English Language Learners

Meeting Date: _____ Time: _____

Meeting Location: _____

The district ___can ___cannot provide child care for this meeting.

The district ___can ___cannot provide transportation for this meeting.

Please return this completed form to your child's teacher by this date _____(date).

Parent/Guardian: Please complete the section below and return the entire form to your child's teacher.

Name of Student: _____ Date: _____

Name of Parent: _____ School: _____

My interest in participating in the District Parent Involvement Meeting is:

___ I can attend the meeting.

___ I can attend the meeting, but I have transportation difficulties. If the district can provide transportation (see above if district can/cannot provide transportation), I am requesting transportation assistance.

___ I can attend the meeting, but I have child care responsibilities. If the district can provide child care (see above if district can/cannot provide child care), I am requesting child care assistance.

___ I cannot attend the meeting.

Please provide the following information:

Phone: _____

Address: _____

Number of non-school aged children: _____

Thank you for your interest and commitment to ensure your child's academic success.

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	