

King Philip Regional School District

INTERSCHOOL ENGLISH LEARNER EDUCATION PROGRAM TRANSFER REQUEST FOR PARENTS

This form is to be used by parent(s) or legal guardian(s) who are requesting a transfer of their child to an English language education program available in a different school within the district. Parents are encouraged to contact the school before completing this form to discuss their child's needs and learn about the benefits of the different programs that may be available in the district.

Student Information

Last Name

First Name

Middle Name

Date of Birth

Current School: _____ Current Grade: _____

Type of English language education program child is currently enrolled in (if known):

- ☐ Sheltered English Immersion
- ☐ Dual Language Education or Two-Way Immersion
- ☐ Transitional Bilingual Education
- ☐ Other: _____

Transfer Request Information

I am requesting that my child be transferred to _____ [school name] and placed in the following English language education program [check program requested]:

- ☐ Sheltered English Immersion
- ☐ Dual Language Education or Two-Way Immersion
- ☐ Transitional Bilingual Education
- ☐ Other: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____
month/day/year

Address: _____

Telephone Number(s): _____

Please submit this request to the Office of Studnet Services.