

**PARENT PERMISSION TO ATTEND APS SUMMER SCHOOL**  
**ENGLISH AS A SECOND LANGUAGE PROGRAM (ESL)**

I understand that my child is not yet fully English proficient and that he/she has been recommended for ESL summer school. I give my permission for him/her to attend summer school and I understand that it is my responsibility to provide transportation to and from school.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Your child will attend summer school at: \_\_\_\_\_ located  
at \_\_\_\_\_

*Elementary sites are yet to be determined*

**HOURS AND DATES OF ESL SUMMER SCHOOL**

**High School**

Term I \_\_\_\_\_ (morning sessions only)  
Classes run from \_\_\_\_\_ Monday through Friday

**Middle School**

\_\_\_\_\_  
\_\_\_\_\_ Monday through Friday

**Elementary School**

\_\_\_\_\_ Monday through Friday  
Start and end times are per individual schools.