



Columbus City Schools
ESL Department Office

4077 Karl Rd.
 Columbus, OH 43224

Phone: (614) 365-8802
 Fax: (614) 365-8786

TO: Secretary, _____

FROM: ESL Department Office

RE: Acceptance of Additional ESL Support for Refusals

Cc: Secretary, _____

Acceptance of Additional ESL Support for students who have previously refused ESL

Date: _____ Grade: _____

Name: _____ Student # _____

Address: _____

Phone: _____

ESL Level: _____ () Reading Comprehension: _____

- At this time the student is still eligible for placement in the ESL Program, which the parents/guardians are requesting.

Parents, please check the appropriate box below and sign at the bottom.

- Yes, I want my child to be pulled for instruction in ESL
- Yes, I want my child to be moved to a school that has an ESL teacher and /or bilingual instructional assistant

Please enroll this student at _____, set up new transportation arrangements (if needed), and request prior school records from the previous school (CCS or other).

*If you have any questions about this placement please call **365-8802***

09/2013

Parents Signature: _____