



**ESL Department Office**  
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TO:	Elena Kelly - Gilman
FROM:	ESL Department
RE:	Acceptance of Additional ESL Support for Refusals
Cc:	Secretary, _____

**Acceptance of Additional ESL Support for students who have previously refused ESL or transfer to a school with additional ESL programing.**

Date: _____	Grade: _____
Name: _____	Student # _____
Address: _____	
Phone: _____	
ESL Level: _____ ( )	Reading Comprehension: _____

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

Yes, I want my child to be pulled for instruction in ESL or placed in ESL Sheltered Classes.

Yes, I want my child to be moved to a school that has additional ESL programing:

Parent Name & Phone Number: \_\_\_\_\_

Referring Teacher Name & Phone Number: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_