ATTACHMENT H

Date

Dear Parent/Guardian:

This is to inform you that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is offering a before-school, after-school,

 (School)

or Saturday Language Enrichment Camp for English Language Learners (ELLs).

Additional enrichment opportunities will be offered in the areas of Reading, Math, and

Science. These learning opportunities are designed to empower your child to acquire

content and language skills that will enhance academic achievement.

Classes will be held as follows:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions or need further information regarding your child’s enrichment

program, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Name of Contact Person) (Telephone Number)

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Principal’s Signature

Please sign and return:

\_\_\_\_\_\_\_\_\_\_ Yes, I want my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend.

\_\_\_\_\_\_\_\_\_\_No, I do not want my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date