



PARENTAL REQUEST FOR OPT OUT FROM SHELTERED ENGLISH IMMERSION PROGRAM (SEIP)

Student Name _____ Student Number _____

School _____ Teacher _____ D.O.B. ___/___/___ Grade _____

CURRENT ENGLISH PROFICIENCY LEVEL: L1 L2 L3 L4 L5 L6

To the Somerville School District:

I would like to request that my son/daughter _____ be transferred from the Sheltered English Immersion Program (SEIP) into the English Mainstream Program. A parent/teacher meeting was held on ___/___/___ . I have been informed of the academic goals, objectives, and instructional activities of the Sheltered English Immersion Program for my child.

The teacher does not recommend this transfer because your child has not attained English proficiency

I further understand that by withdrawing my child from SEI Program, when the child is not ready, I am withdrawing him/her from the instructional program prescribed by the Massachusetts Department of Education.

Reason for request:

Date _____

Parent/Guardian Signature

Date _____

Principal or designee Signature

Additional Comments, including test scores, special circumstances, etc.