



Somerville Public Schools

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English Language Learner Programs and Services

ELL English – 13
4/2018

Sarah Davila, PhD, District Administrator
English Language Education / Family and Community Partnerships
8 Bonair Street · Somerville, MA 02145
sdavila@k12.somerville.ma.us · www.somerville.k12.ma.us
T 617-625-6600 x6097

PARENTAL REQUEST FOR WITHDRAWAL FROM TWO WAY/UNIDOS PROGRAM

Student Name _____ Student Number _____

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

WIDA Level _____

To the Somerville School District:

I would like to request that my son/daughter _____ be transferred from the Two-Way Bilingual Program into the English Mainstream Program. I have been informed of the academic goals, objectives, and instructional activities of the Sheltered English Immersion Program for my child. I understand that

- The teacher does not recommend this transfer.
- My child will receive ESL Instruction in the school he / she is assigned.

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

Date _____
Parent/Guardian Signature

Date _____
Principal or designee Signature

Additional Comments, including test scores, special circumstances, date of parent/teacher conference, etc.

Office use only: Current Level of English Proficiency: B EI I T FEL

Original to: Student Temporary Record Folder
Copies to: Parent/Guardian
PIC
ELL Office

