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PARENTAL REQUEST FOR REFUSAL FROM UNIDOS TWO-WAY BILINGUAL PROGRAM

Student Name Student Number

School T	anahar		/ /	Grada
	eacher	D.O.D	//	

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 General Education Program. I have been informed of the academic goals, objectives, and instructional activities of the English Language Learner/Sheltered English Immersion Program provided in Unidos. 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:	L1	L2	L3	L4	L5	L6
Original to:	Student Temporary Record Folder						
Copies to:	Parent/Guardian PIC ELL Office						