



New Lenox School District 122
English Learner Program

Name _____ School _____

Grade Level _____ Teacher _____

I understand that my child will participate in New Lenox School District 122's **English Learner Program** for the year _____.

I agree to let my child receive additional services from the District's **English Learner** teacher.

Parent/Guardian Signature _____

Date _____

I do not agree to let my child receive additional services from the District's **English Learner** teacher.

Parent/Guardian Signature _____

Date _____