



**Denver Public Schools**  
 Department of English Language Acquisition

PUPIL NUMBER					SCH. NO.		
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

Name \_\_\_\_\_  
 (Print) Last First  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Birthdate \_\_\_\_\_

**PARENT PERMISSION FORM**  
 Darken one bubble for chosen Option

Parent(s) or Guardian(s):

The district offers classes for students who do not speak English. Choose **one** of the following:

Option One

Option Two

Option Three

I want my child to receive support in Spanish, while learning English, if offered at this school	I want my child to receive support while learning English, but no instruction in Spanish	I want my child in the mainstream classes taught only in English
--	--	--

Comments or Questions:

---



---



---



---

Please give this form to the school your child attends.

I have received information of available English language services.

Parent(s) or Guardian(s):

Print: \_\_\_\_\_  
 Last First

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) or Guardian(s) was notified of available English language services according to Denver Public School procedures.

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

***I understand that if I want to make changes to my child's classes, I will complete a new Parent Permission form.***