

**Translated versions of this document are available at https://webapps1.philasd.org/tdm/search/query/xzwySum#docs**

The School District of Philadelphia

Office of Multilingual Curriculum and Programs

**2019 English Learner Summer Program**

Student Application Form

**Application process:**

* Parent/Guardian must complete and sign this form
* The address indicated on this form must reflect where the student will stay during the month of July
* Applications must be submitted **by Wednesday, May 8, 2019 to the ESL Teacher or School Administrator**
* ESL Teachers or School Administrators will scan and/or hand deliver the application forms to the Multilingual Curriculum and Programs Office at [multilingual@philasd.org](mailto:multilingual@philasd.org)
* Acceptance notification will be shared with applicants by Friday, May 31, 2019

**Program Specifications:**

* This program is FREE
* The Summer Program will run from July 1st – 26th, Monday through Friday, from 8:30am to 3:00pm
* School will be closed Thursday, July 4th and Friday, July 5th
* Breakfast and lunch will be provided FREE
* Some students may be eligible for transportation via a yellow school bus or a Transpass for FREE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student ID#** | |  | | **Summer 2019** | | |
| **Student Name** | |  | | | | |
| **Current School** | |  | | | | |
| **Current Grade Level** | |  | | | | |
| **ESOL Teacher/ School Administrator** | |  | | | | |
| **Home Language** | |  | | | | |
| **Home/Street Address** | |  | | | | |
| **City** |  | **State** |  | | **Zip Code** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Information** | | | |
| Name |  | Phone Number |  |
| Preferred Language |  | Alternative Number |  |

If eligible, would you want transportation services?  YES  NO

As the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby agree that my child will participate in the English Learner Summer Program and will ensure that he/she, if accepted, attends the program regularly and on time for the duration of the program.

Parent/Guardian Name Signature Date