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 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
* 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

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

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| **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