THE SCHOOL DISTRICT OF PHILADELPHIA

SCHOOL SELECTION PROCESS FOR SEPTEMBER 2019 ADMISSION

Advocacy Folder Coversheet

Sending School & Phone Number:_____

Last Name	First Name	PID# (if applicable)	IEP, 504 or ELL

Total # of Advocacy Folders:_____ Receiving School/Office:_____

I attest that all 8th grade IEP, 504/Chapter 15 Plan, and ELL students were notified, and given the opportunity to participate in the LeGare School Selection Process. Parents who do not wish for their child to participate in the LeGare School Selection Process were provided and have signed a *Statement of Non-Participation in LeGare Process.*

Please list each category of student (IEP, 504/Chapter 15 Plan and ELL) on separate coversheets and bundle together. Dual Diagnosed (IEP&ELL) fall under ELL.

_____ _____

Signature of Principal ***Signature of Counselor or School Designee***