EXTENDED SCHOOL YEAR (ESY) TRANSPORTATION – 2020 School District of Philadelphia Office of Specialized Services

ATTENTION: School Staff

Please read and follow instructions below carefully. Thank you.

1. SCHOOL Must Complete This Second Name:	ion (Requirea):
	Student's First Name:
Student ID#:	Date of Birth:
2. SCHOOL must distribute this form to parents of ESY-Eligible Students for completion.	
3. SCHOOL must complete the 2020	ESY Registration <u>"Google" Form</u> with the information below.
4. SCHOOL must <u>file</u> completed form OSS will be returned to schools for	in student confidential file. DO NOT FORWARD FORM. Forms received at processing.
Dear Parent/Guardian:	Date:
The type and amount of ESY services that you discussed in an IEP meeting and with your ch	rmined that your child is eligible for Extended School Year (ESY) services. It child will receive is based on your child's individual needs and has been or will be d's IEP Team. The services will be written in your child's IEP. This form is intended it child to participate in ESY and is needed so that the School District can make becommodate your child.
Student Information System) regarding the log general, ESY services will be provided on Tud June 30 th , 2020, and ending on Thursday, Aug	fice of Transportation will send you a letter to your home address (as listed in the ation of ESY services and transportation arrangements, including pick up times. In sdays, Wednesdays, and Thursdays from 9:00 a.m. to 1:00 p.m., beginning on Tuesday, ast 6 th , 2020. However, if your child's IEP Team determines that your child should can be provided under this schedule, the schedule, location, and transportation for your .
asked, we request that the name tag, included	with the transportation letter. If your child cannot tell an adult his or her name when in the transportation letter, be placed on your child on his or her first day of ESY, as fall students. Please COMPLETE and SIGN below. Please return this completed
2020 ESY TRANSPORTATION RE	GISTRATION - PARENT INSTRUCTIONS: (Complete 4 items below.)
My child WILL ATTEND My child WILL NOT AT	the 2020 ESY Program. OR END the 2020 ESY Program.
2. I WILL TRANSPORT m PICK UP my child at this	
	child <u>from</u> the ESY site. OR s <u>ADDRESS</u> :
4. SUMMER CONTACT:	
(ontact's Full Name Contact's Phone#
Signature of Parent/Guardian	