

Parent Letter of Refusal of English Language Acquisition Services



ELA Department

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Aurora, CO 80011

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303-326-1966

Web
www.aps.k12.co.us

Date _____

To Whom It May Concern:

I understand that my child, (name)

_____ (date of birth -

_____), has been assessed as being in need of ELA (English

Language Acquisition) support provided by the ELA Department in the

Aurora Public Schools in accordance with federal and state laws. I

acknowledge that the ELA program and its components have been fully

explained to me by either the ELA teacher in my child's school and/or the

ELA program director. I acknowledge that my child is eligible for services

provided by that program, but nevertheless, I have decided not to take

advantage of this program. I will not hold Aurora Public Schools or its

teachers responsible for any failures in school subjects and possible

failure of my child to be promoted or graduate or obtain federal/state

assistance because of not being this program.

Parent/Guardian Signature

ELA Teacher Signature

Building Principal Signature

ELA Director Signature
