

1701 North Congress Avenue • Austin, Texas 78701-1494 • 512 463-9734 • 512 463-9838 FAX • tea.texas.gov

Student Name:	District/Charter Name:		
Student ID#:	Grade:	Campus Name:	
	PARENTAL APPROVAL FOR	R CONTINUATION O	F
	LANGUAGE PROGR	AM SERVICES	
	19 TAC Chapter 89, Subchap	ter BB, §89.1240(a)*	
Date sent:			
Dear Parents/Gua	rdian,		
grades (5 th grade, year, continued la	ently served in a bilingual education processes and construct of the contract	provided through the end of Beginning in the	f the elementary school
annually with the participating in ar	dentified as an emergent bilingual st Texas English Language Proficiency n ESL program, all instruction will be me language resources and support	Assessment System (TELPAS delivered in English, but yo	S). As a student
Please sign and redate forward.	eturn this letter to approve your child	d's placement in the ESL pro	ogram from this
Thank you,			
	(LPAC contact)		
I approve of program.	the continuation of language service	es for my child,	, in the ESL
Signature of Pare	nt/Guardian:	Date:	

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