



Book	Ogdensburg City School District
Section	4000 Instruction
Title	PROGRAMS FOR ENGLISH LANGUAGE LEARNERS EXHIBIT: PLACEMENT IN A LANGUAGE INSTRUCTION EDUCATIONAL PROGRAM - PARENT RESPONSE FORM EXHIBIT
Code	4326-E.2
Status	First Reading
Last Revised	July 22, 2025

NOTE: This form must be returned within 10 school days.

I, as parent/guardian of _____ (insert child's name), acknowledge receipt of the district's notification regarding my child's eligibility for an English Language Learner program. I elect the following option:

(check one)

- ☐ I accept the district's recommended placement.
- ☐ I decline the district's recommended placement and request a meeting with the building principal and ELL program supervisor.
- ☐ I request my child's placement in a different district ELL program, (insert the name of the preferred program).

Print Name (Parent)

Parent Signature

Date

Mail to: Ogdensburg City School District, 1100 State Street, Ogdensburg, NY 13669
Or email to: cfrank@ogdensburgk12.org

Adoption date:

[4326-E.2 Placement in a Language Instruction Educational Program Parent Response Form.pdf \(109 KB\)](#)