

# Hope Township School

**Miss Courtney Rosica**

Speech/Language Specialist  
Office of Child Study Team  
P.O. Box 293; 320 Johnsonburg Road  
Hope, NJ 07844

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Telephone 908-459-4242  
Fax 908-459-5553

Date

Dear Mr. & Mrs. \_\_\_\_\_ :

This letter is to inform you that your child, \_\_\_\_\_, continues to be eligible to participate in the English as a Second Language (ESL) program. Instruction will be provided in a small group setting by \_\_\_\_\_ and \_\_\_\_\_. If you are in agreement with your child being pulled out of the general education classroom setting to receive small group instruction for ESL, please sign and return the bottom portion of this letter. If you have any questions or concerns, please contact me at 908-459-4242.

Sincerely,

Courtney Rosica  
Speech/Language Specialist

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\_\_\_\_\_ I give permission for my child to be pulled out of the general education classroom setting to receive English as a Second Language (ESL) instruction.

\_\_\_\_\_ I do not give permission for my child to be pulled out of the general education classroom setting to receive English as a Second Language (ESL) instruction.

\_\_\_\_\_ I would like more information, please contact me at \_\_\_\_\_.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Parent Signature