

## Office of Multilingual Curriculum and Programs Suite 251

440 North Broad Street Philadelphia, PA 19130

To the Parent/Guardian of:		
(First Name) (Last Name)	(Student ID#)	
(Home Addreaa)	_	
(City) (State) (Zip Code)	_	
	CHANGE OF ENGLISH LEARNER	R STATUS
Dear Parent/Guardian,		
We are writing to inform you t	hat your child	, was initially entered
into our information system as	(First Name) an English Learner (EL). Howe	(Last Name) ever, further review of your child's
records has revealed that your	child is not an EL. As such, you	ur child will no longer receive
supplementary English as a Sec	cond Language (ESL) services.	
If you have any questions or co	ncerns, please feel free to con	ntact multilingual@philasd.org.
Sincerely,		
Allison W. Still		
Deputy Chief OMCP		