EXTENDED SCHOOL YEAR (ESY) TRANSPORTATION – 2020 School District of Philadelphia Office of Specialized Services

ATTENTION: School Staff

Please read and follow instructions below carefully. Thank you.

	SCHOOL Must Complete School Name:	This section (required).		
		st Name:Student's First Name:		
Student ID#:		D	Date of Birth:	
2. SCHOOL must distribute this form to parents of ESY-Eligible Students for completion.				
3.	. SCHOOL must complete	the <mark>2020</mark> ESY Registration <u>"Google" For</u>	<u>m</u> with the information below.	
4.	SCHOOL must file comp		O NOT FORWARD FORM. Forms received at	
Dear Parent/Guardian:			Date:	
The ty discus solely	ype and amount of ESY service sed in an IEP meeting and wit to determine whether you into	h your child's IEP Team. The services will	for Extended School Year (ESY) services. our child's individual needs and has been or will be be written in your child's IEP. This form is intended is needed so that the School District can make	
Studer genera June 3 receive	nt Information System) regard al, ESY services will be provic 80 th , 2020, and ending on Thur	ng the location of ESY services and transposed on Tuesdays, Wednesdays, and Thursday, day, August 6th, 2020. However, if your chrices than can be provided under this schedu	you a letter to your home address (as listed in the prtation arrangements, including pick up times. In ys from 9:00 a.m. to 1:00 p.m., beginning on Tuesday, nild's IEP Team determines that your child should tale, the schedule, location, and transportation for your	
asked, approp	, we request that the name tag,	included in the transportation letter, be plac	your child cannot tell an adult his or her name when sed on your child on his or her first day of ESY, as TE and SIGN below. Please return this completed	
2020	ESY TRANSPORTAT	ON REGISTRATION <u>- PARENT</u>	INSTRUCTIONS: (Complete 4 items below.)	
1.	My child WILL ATTEND the 2020 ESY Program. OR My child WILL NOT ATTEND the 2020 ESY Program.			
2.		I WILL TRANSPORT my child to the ESY site. OR PICK UP my child at this ADDRESS:		
3.		PORT my child from the ESY site. OR child at this ADDRESS:		
4.	SUMMER CONTACT: _			
		Contact's Full Name	Contact's Phone#	
Signat	Signature of Parent/Guardian		 Date	