

E S Y TRANSPORTATION – 2 0 1 6
School District of Philadelphia
Office of Specialized Services
440 North Broad Street, Philadelphia, PA 19130

SCHOOL MUST COMPLETE & RETURN (Please Print):

School must return completed form to OSS-2016 ESY, Email to esy@philasd.org; or Fax to 215-400-4173.

Do not insert this form/letter in student's ESY folder.

School Name: _____ Neighborhood Network #: _____

Student's Last Name: _____ Student's First Name: _____

Student ID#: _____ Date of Birth: _____

Dear Parent/Guardian:

[DATE]

At the time of your child's last IEP, it was determined that your child is eligible for Extended School Year (ESY) services. The type and amount of ESY services that your child will receive is based on your child's individual needs and has been or will be discussed in an IEP meeting and with your child's IEP Team. The services will be written in your child's IEP. This form is intended solely to determine whether you intend for your child to participate in ESY and is needed so that the School District can make appropriate travel and other arrangements to accommodate your child.

If you intend to send your child to ESY, the Office of Transportation will send you a letter regarding the location of ESY services and transportation arrangements, including pick up times. In general, ESY services will be provided on Tuesdays, Wednesdays, and Thursdays from 9:00 a.m. to 1:00 p.m., beginning on Tuesday, July 12, 2016, and ending on Thursday, August 18, 2016. However, if your child's IEP Team determines that your child should receive more, fewer or different services than can be provided under this schedule, the schedule, location and transportation for your child will be determined on an individual basis.

You will also receive a name tag for your child with the transportation letter. If your child cannot tell an adult his or her name when asked, we request that the name tag, included in the transportation letter, be placed on your child on his or her first day of ESY, as appropriate. This will help ensure the safety of all students. Please **COMPLETE** and **SIGN** below. Please return this completed form to your child's school.

2016 ESY TRANSPORTATION REGISTRATION - PARENT INSTRUCTIONS

PARENT/GUARDIAN please complete (check only one of **WILL ATTEND** or **WILL NOT ATTEND**):

_____ My child **WILL ATTEND** 2016 ESY Services.

_____ My child **WILL NOT ATTEND** 2016 ESY Services.

_____ Home Street Address (as it appears in our School Computer Network)

_____ Zip Code

(You must keep your child's current school updated with the most current home address.)

_____ **I WILL TRANSPORT** my child to the ESY site.

_____ **PICK UP** my child at our home address as listed above.

_____ **PICK UP** my child at this alternate address: _____

_____ **I WILL TRANSPORT** my child from the ESY site.

_____ **DROP OFF** my child at our home address as listed above.

_____ **DROP OFF** my child at this alternate address: _____

Person(s) to contact other than parent: _____

_____ Contact Full Name

_____ Contact Phone#

_____ Signature of Parent/Guardian

_____ Date

ESY 2016 Transportation Form