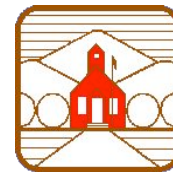


**Vacaville Unified School District
Parent Permission for Supplementary Instruction**



Dear Parents/Guardians,

Your child, _____, has the opportunity to participate in a supplemental instructional program based on the following reasons:

- Your child needs additional instructional support to maintain academic performance levels.
- Your child is performing below grade level proficiency.
- Your child has been given notice of retention (District Policy and Administrative Regulation 5123).

With your consent, your child will be enrolled in the following program:

- Extended Day Intersession

School Site _____ Program Teacher _____ Room _____

Dates of Program _____ Days of the Week _____

Time _____

We hope you will support us in doing everything we can to assist your child in achieving grade level proficiency. Transportation remains the responsibility of the parent or guardian unless you are notified otherwise by your school.

School Representative: _____ Date: _____

Completed by Parent/Guardian
Please sign and return

My child, _____, **will attend** this supplemental program.

My child, _____, **will not attend** this program.

Parent signature: _____ Date: _____