



## APPLICATION FOR EARLY LITERACY

Please Admit: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

to the Early Literacy program at \_\_\_\_\_. The Early Literacy teacher assigned to your child is \_\_\_\_\_. The lessons will take place in the Early Literacy room.

I understand that this is a special opportunity for my child to receive extra help and that regular attendance is essential for my child's success.

In order for my child to make the best possible progress, I agree to work with him/her each day reading the books sent home and reconstructing the cut-up sentences. This should take 10-20 minutes.

I understand that I am welcome to observe my child's lesson with the Early Literacy teacher.

Signed,

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)

Please complete and return to the school no later than: \_\_\_\_\_

Sincerely,

Early Literacy Teacher

Principal