



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

SUMMER SCHOOL/ INTERSESSIOIN
ENROLLMENT CONFIRMATION LETTER

_____ Date

To the Parents of _____
Student's Name

_____ Date of Birth

This letter is to confirm that your son/daughter is enrolled in Summer School/Intersession Intervention Program. We look forward to the opportunity to provide your child with a specially designed intervention program to assist him/her in attaining grade level standards.

Our Summer School program will be held:

Dates: _____

Time: _____

School: _____

Room Number: _____

Transportation is provided if the summer school location is other than your child's school of attendance. Transportation pick-up is at the front of the school.

Bus Departure Time: _____

Bus Return Time: _____

It is important that we work together as a team to provide the best academic intervention program for your child. In order for your child to reach his/her potential, we must count on your support to ensure that your child attends every day of Summer School.

If you have any questions or concerns, please contact _____ at
() _____.

Sincerely,

Principal