

**LUZERNE INTERMEDIATE UNIT**

**ESY SIGNATURE SHEET**

Student Name \_\_\_\_\_ Current School \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Current Teacher \_\_\_\_\_  
Chronological age as of July 1 \_\_\_\_\_ Teacher Phone # \_\_\_\_\_  
Parent Name \_\_\_\_\_ Teacher E-Mail \_\_\_\_\_  
Address \_\_\_\_\_ District of Residence \_\_\_\_\_  
\_\_\_\_\_ Primary Exceptionality \_\_\_\_\_  
Parent Phone# \_\_\_\_\_

The IEP Team determined that \_\_\_\_\_ is eligible for extended school year services.

Please fill out the information (**typed on line**) below, sign & return this paper to your child's teacher. Transportation will be provided and the following related services will be part of that service:

**Classroom Program:** \_\_\_\_\_

**Itinerant Services** \_\_\_\_\_ **Frequency** \_\_\_\_\_

**Itinerant Services** \_\_\_\_\_ **Frequency** \_\_\_\_\_

**Itinerant Services** \_\_\_\_\_ **Frequency** \_\_\_\_\_

\_\_\_ My Child **will attend** the ESY Program provided by the LIU.

\_\_\_ My Child **will not attend** the ESY Program provided by the LIU.

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**Parent Signature**

**Date**

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**Approved By District Coordinator of Special Education**

**Date**