



**LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM**

West Hollywood CDS

**PARENT NOTIFICATION
CORE Credit Recovery/Intervention**

To the Parent/Guardian of:

	(Student's Name)	(Date)
(Date of Birth)	(Grade)	(Room #)

This letter is to inform you that at this time your son/daughter is at risk of not meeting grade-level standards. Your son/daughter is not academically proficient as identified on the most recent academic test data. In order to provide additional academic support, we have scheduled your son/daughter to attend academic intervention in the following subject area(s):

- English Language Arts
 History/Social Science
 Mathematics
 Science

Program Dates: December 15 (See flyer for all dates) to March 9

Days & Time: Monday - Friday and Saturday's from 8:00am - 12:15pm

Location: West Hollywood CDS - 1049 N Fairfax Ave., West Hollywood, CA 90046

Please complete the information below and return this form to your child's teacher. Daily attendance is critical and we look forward to your son/daughter participating in this program.

Sincerely,

Principal's Signature	Date
Return to : <u>Kelvin.X.Piazza@lausd.net</u>	

Parent/Guardian Statement:

I have received and understand the above information regarding the CORE Credit Recovery/Intervention Program offered to students not meeting proficiency as identified on the most recent academic test data. I understand that my son/daughter is being provided this program because he/she is at risk of not meeting grade level standards.

- Yes, I give permission for my child to attend.
 No, I do not give permission for my child to attend.

Student's Name (Please Print)	Date
Parent/Guardian Signature	Parent/Guardian Contact Number
Home Address	