

Extended School Year (ESY) Participation Form

Child's Name: _____

Home School District: _____

Please check **one** only:

_____ **Yes**, our child **will** participate in Extended School Year (ESY) services as agreed upon with the school district.

_____ **No**, our family plans or personal commitments have changed since the IEP meeting. Our child **will not** participate in Extended School Year (ESY) services as agreed upon with the school district.

Print name of parent or guardian

Signature of parent or guardian

Date

Cornbelt Educational Cooperative ESY Participation Policy:

After two (2) absences the district administration shall notify the child's parents or guardian that the service provider has removed the child from scheduled ESY services.