

NYS ELL PARENT HOTLINE INQUIRY FORM

Dear Parent,

Thank you for inquiring about services for your English Language Learner Child and your rights as his/her parent. So that we can best respond to your inquiry, please complete the information below.

Thank you,

NYS ELL Parent Hotline Team

* REQUIRED INFORMATION

Child's Full Name* _____

Child's Class* _____

Child's School Name* _____

Child's School District _____

Relationship to child if you are not his/her parent

YOUR CONTACT INFORMATION

Your Full Name* _____

Email Address* _____

Telephone _____

Street Address _____

City _____

State - New York Zip code _____

Please tell us how we may help. Please be as specific as possible.

Please email this form to us at nysparenthotline@nyu.edu, or fax it to us at 212-995-4199, or mail it to us at:

NYS ELL Parent Hotline Team
c/o NYS Statewide Language RBERN at NYU MetroCenter
726 Broadway – 5th Floor
New York, NY 10003