

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA  
EXCEPTIONAL STUDENT LEARNING SUPPORT**

**EXTENDED SCHOOL YEAR 2019**

Date \_\_\_\_\_

To the Parent(s) of \_\_\_\_\_

Your child received extended school year services at \_\_\_\_\_  
ESY Site

over the summer of 2019. The ESY personnel who provided the services and the principal of the ESY site have signed below indicating provision of the services identified on the ESY form when your child was in attendance.

Days Absent: \_\_\_\_\_

Days Present: \_\_\_\_\_

If you have any questions, you may call your child's school when school reconvenes in August. Thank you.

Sincerely,

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
ESY Site Principal

Copy to: ESY Folder and ESY Site Principal