



BEDFORD PUBLIC SCHOOLS

Jonathan Sills, Superintendent of Schools
MaryLou Sallee, Assistant Superintendent

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Bedford, MA 01730
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Date:

Parent(s)/Guardian(s) Name
Address
Bedford, MA 01730

Re: Insert Student's Name(s)

Dear

When you registered your son/daughter with Bedford Public Schools you completed the Home Language Survey and you indicated that, at home, you speak a language other than English.

I am writing to make you aware that you are entitled to have school documents translated where practicable into your primary/home language. You are also entitled to have oral interpretation services at meetings and of documents, if needed.

Please choose from the following options:

- Yes, I do need documents translated into my home language.
 Yes, I will need oral interpretation into my home language at meetings with school staff.

Please indicate the language and dialect necessary for your understanding: _____

- No, I **do not** need documents translated into my home language.
 No, I **do not** need oral interpretation services.

Parent(s)/Guardian(s) Signature

Date

Please return this letter to your son/daughter's school principal.

If you have any questions please feel free to contact me at _____

Sincerely,