

Parent Notification – High School

Dear Parents/Guardians,

Your child, _____, has been selected to receive additional educational services through our Title I program.

Upon reviewing your child's records and visiting with your child's classroom teachers, the results indicate that extra instruction would be beneficial. This extra instruction may be provided before school, after school, in the classroom or in the Title I classroom. Please visit with your child and indicate your preference.

The goal of the Title I program is to assist your child in developing and expanding the reading, language arts, and math skills taught in the classroom. Please note, these services are provided in addition to the regular instruction your child is receiving in the classroom. Your child will be receiving services in the following subjects:

- Reading
- Language Arts
- Math
- Science
- Social Studies

Please feel free to contact the school if you have any questions regarding your child's participation in the Title I program.

Yes, I grant permission for my child to receive Title I services.

No, I decline Title I services for my child.

Parent Signature

Date

Please note: Unless the school receives your signature declining services, your child will be immediately served by Title I.

Please indicate when you would prefer your child to receive Title I services.
(1 = first choice, 5 = last choice)

- _____ Before School
- _____ After School
- _____ In the Classroom
- _____ In the Title I Room
- _____ Saturday Program

Please return this permission slip by September 30.