

## Parent Notification – Lower Elementary

Dear Parents,

Your child, \_\_\_\_\_, has been selected for Title I services.

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 served in the Title I classroom for  Reading  Math.

\_\_\_\_\_ will be served in the Title I classroom during the following times:

applicable days are circled	Time
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

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 served by Title I during the times outlined above.

**Please return this permission slip by September 30.**