Parent Permission for Placement

Name of Student: _____ **Date:** _____

Grade: _____ **Teacher:** _____

Dear _____,

Welcome to Title I.
The purpose of a Title I program is to improve the educational opportunities of the students being served by providing additional instruction to help them achieve success in the regular educational program, Title I students have the same high standards as all students at the school. Your child has been selected for Title I services. Placement of a child into Title I services is always done with parent knowledge and consent. Please sign below and check no if you do not want your child to receive Title I services. If you have any special instructions for the Title I teacher(s), please check yes below and provide us with that information. If we do not receive this form back from you, your child will receive Title I services. I hope to maintain continuous communication with you regarding hours that I am available for questions, general information, etc. Also, please feel free to visit me at the school any time. Finally, I ask that you please attend our Title I Fall Parent Night on _____. At this meeting, we hope to introduce you to the specifics of the Title I program as well as display student's work.

Title I Teacher Contact Information

Hours Available: _____

Telephone: _____

____ No, I do not want my child to receive Title I services.

____ Yes, I would like my child to receive Title I services.

_____ _____
Parent/Guardian Signature Date

Special Instructions: _____

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