

PLEASE SIGN AND RETURN TO SCHOOL

Title I

Timberlane Regional School District

PARENT PERMISSION

Date: _____ School: _____ Teacher: _____

Dear Parent or Guardian,

Your child, _____, has been selected to participate in the following Title I program(s) based upon specific criteria including academic performance, attendance, behavior, and/or eligibility under the McKinney-Vento Act. Title I is a federally funded program designed to provide support to students and families to ensure school success.

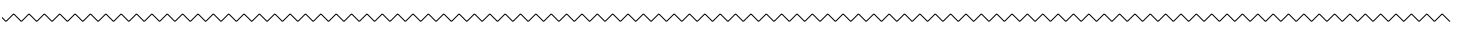
	Title I Math Support: provided by Title I Math teacher
	Title I Reading Support: provided by Title I Reading teacher
	Title I Summer Camp (Reading/Math & FUN!)
	Technology Based Reading and/or Math Support for home and school use
	Reading or Math Tutoring as coordinated by McKinney-Vento Liaison
	Technology Assistance as coordinated by McKinney-Vento Liaison
	Title I Student/Family Support Services

In order for your child to receive Title I services, it is necessary to have your written permission each school year. Please sign this sheet and return it to school with your child. You will have opportunities to meet the Title I staff, receive notice of your child’s progress, and be invited to parent/ family events as well.

If you have any questions concerning the Title I programs, please feel free to contact your child’s classroom teacher, Title I educator, McKinney-Vento Liaison-Susan Rasicot at 382-6119 x2224, or contact me directly at 382-6119 x2231.

Thank you for your support and partnership in helping your child succeed!

Christi Michaud
Title I Project Manager



YES! I give permission for my child, _____, to participate in Title I offerings as indicated above.

I **DO NOT** wish for my child, _____, to participate in the Title I program(s).

X _____
Parent/Guardian Signature

Date

Office Use Only

8/2016

Title I Start Date: _____ Home/School Compact _____

Copy to Guidance(McKinney -Vento) _____ Copy to Title I file _____