

Sanford School Department

T2 \_\_\_\_\_  
T3 \_\_\_\_\_

Initial Enrollment Form for Title I Kindergarten Literacy  
**Teacher use ONLY**

Date of Enrollment: \_\_\_\_\_ Referring Teacher: \_\_\_\_\_

Parental Notification by \_\_\_\_\_ On \_\_\_\_\_  
Classroom Teacher Signature Date

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Names(s) of Parent(s)\* \_\_\_\_\_ Phone \_\_\_\_\_

Address(es)\* \_\_\_\_\_ School/Grade \_\_\_\_\_

\*In case of joint custody, list **each** parent and respective address

Mailing Address(es)\* \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**1. Reason for Enrollment: (Please state academic concern)**

**2. Attach the Literacy Criteria sheet, records and reports used as a basis for this enrollment.**

**3. Is there a past history of Special Education?** ☐ Yes ☐ No

**A. If "Yes" list program and dates.**

Program	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of Title I Coordinator

**\* After recommendation by the MTSS Team to enroll, and the student qualifies for Title I; the classroom teacher completes this form and the Title I Coordinator signs off.**

CC: Deb Sanborn

06/03/2021  
IV-B-2