

Sanford School Department

Permission to Continue Title I Math Services If from Different School District

Date:

Re:

Dear Parent / Guardian,

Having reviewed data from _____, we have verified that
_____ was enrolled in their Title I math program.

If you agree to have _____ continue services in Title I math here at
_____, please sign below and return this permission form to me as soon as
possible. We cannot continue services until this signed permission is returned.

If you have any questions or concerns, please do not hesitate to call me.

Sincerely,

Title I Teacher

Enclosed: Title I Parent Guide

Name: _____ Date: _____ School: _____

I **give** permission for _____ to participate in the Title I math
program.

Parent/Guardian Signature

I **do not give** permission for _____ to participate in the Title I math
program.

Parent/Guardian Signature