

Sanford School Department

Initial Enrollment form for Title I Math (Grades K-4)
Classroom Teacher Use

T2 _____
T3 _____

Date of Enrollment _____ Parental Notification by _____ On _____
*Signature**Date*

Name of Child _____ Date of Birth _____

Names(s) of Parent(s)* _____ Phone _____

Address(es)* _____ School/Grade _____

Mailing Address(es)* _____ Referring Teacher _____

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

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

2. The Math Criteria Sheet with attached records and reports used as a basis for this enrollment. *(Please put this enrollment sheet on top of the Criteria packet)*

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 is made 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