

Sanford School Department

Initial Permission to Participate in Title I Math

Date:

RE:

Student's FULL NAME

Dear Parent / Guardian:

After reviewing the information indicated on the enclosed **Math Assessment Review Sheet** and the observation by the classroom teacher, _____ qualifies for participation in the Title I math program.

We are not able to begin services until written permission is received. Please sign the bottom of this letter in the appropriate place and return it to school as soon as possible. If you have any questions about the Title I math program, please do not hesitate to call me.

Sincerely,

Title I Teacher

Enc.: Math Assessment Review Sheet / 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