Date: __________

Re: ___________________

Dear Parent/Guardian,

A **FREE** summer program for Title I Literacy and Math students has been approved by Superintendent Nelson. To be eligible for the Title I Summer Program, your child must have participated in a Title I program during this school year and have completed Grade K, 1, 2, 3 or 4. We encourage you to enroll your child in this summer program as it is so beneficial in the next school year. All students will receive both literacy and math instruction and **will be enrolled** once the attached forms have been returned. However, **IF** you change your mind, please notify us at 608-8719.

Attendance is extremely important. The program will be provided from **Monday, July 8, 2019** through **Thursday, August 1, 2019** at the **Willard School** from 8:00 – 12:00 Noon. It will be four (4) days a week (M-Th) for four (4) weeks. Breakfast and lunch will be provided at no cost.

Please complete and sign the attached forms and **return** them to your child’s Title I teacher by **Friday, May 6, 2019**. These forms are needed to aid in scheduling buses and busing information will be **emailed** to you.

**Transportation will be provided at NO cost.**

Sincerely Yours,

Marjorie Ryer
Title I Coordinator

Mission Statement: To create educational opportunities in which students are productive, caring, informed and involved citizens, and lifelong learners.
Child's Name: ____________________________ Date: _____________

What school does your child currently attend? ____________ Grade Completed _____

1. ☐ No, I am aware Title I offers a summer program. My child will not be attending.
   (Please sign and date on Parent Signature Line below)

2. ☐ Yes, sign up my child for Title I Literacy & Math. He/she will be there!
   (Please sign and date on Parent Signature Line below)

Need Transportation?   Yes      No

**REQUIRED:          Email Address:______________________________

Working Contact Phone #:______________________________

Pick-up Address: __________________________________________________________________________

Drop-off Address: __________________________________________________________________________

    I will be at the bus stop to pick up my child after Title I Summer School.
    My child has my permission to get off the bus after Title I Summer School if I am not there.

In case of Emergency:

1. Contact Name: ____________________ Working Contact Phone: __________________

2. Contact Name: ____________________ Working Contact Phone: __________________

If your child will be attending the summer program (#2), please fill out the transportation information and sign below as well as fill out the attached emergency card before returning to your child’s Title I Teacher.

X ____________________________ Parent Signature / Date

IX-B-1
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