

Schoolwide Title I Program Eligibility School Year: _____

School:	Date:
Dear Parent or Guardian:	(mm/dd/yyyy)
Our school qualifies to receive <i>Title I, Part A</i> funds und as amended (2015) for this school year.	er the Elementary and Secondary Education Act (ESEA)
Our school is eligible for the following:	
Schoolwide Title I Program: Title I eligibility is basincome families. School staff members work with in Schoolwide plan. The purpose of this plan is to improve the schoolwide plan.	
We look forward to your involvement in school activities information throughout the school year to keep you information throughout the school year to keep you informations the school is making toward helping all children invitations to meetings to discuss the Title I Schoolwide development, revision, and implementation of our School year.	ormed about your child's academic progress and the en meet high academic standards. You will also receive e Program, Title I activities, and be asked to assist in the
You are an important partner in our effort to provide the school if you have any questions or would like additional	
Sincerely,	
Name	Title
Phone	Email Address