

Sanford School Department

End of Year permission to Continue to Participate in Title I Math at Start of Next School Year

Date:

Re:

(Student's Full Name)

Grade Completed in June: _____

Dear Parent / Guardian,

After reviewing the information obtained on assessments during the last school year, we feel that

_____ would benefit from:

_____ Continuing in the Title I math program in September 2023

_____ Continuing to be Monitored by the Title I math program in
September 2023.

As we are not able to provide services next year without written permission, please sign the bottom of this letter in the appropriate place and return this form to school. If you have any question about the program, please do not hesitate to call me.

Sincerely,

Title I Teacher

Date: _____

Student Name: _____

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

Parent/Guardian Signature

No – I **do not** give permission for _____ to participate in the Title I math program.

Parent/Guardian Signature