

# SANFORD SCHOOL DEPARTMENT

## Participation in Title I Math For the 2023-2024 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 this School Year

\_\_\_\_\_ Continuing to be Monitored by the Title I math program in this School Year.

Please sign the bottom of this letter in the appropriate place and return it to the Title I teacher as soon as possible. If you have any questions about the program, please do not hesitate to call me.

Sincerely,

Title I Teacher

Name: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Yes - I **give** permission for \_\_\_\_\_ to continue in the Title I math program.

\_\_\_\_\_  
*Parent/Guardian Signature*

☐ No - I **do not give** permission for \_\_\_\_\_ to continue in the Title I math program.

\_\_\_\_\_  
*Parent/Guardian Signature*