

Title I Parental Release Form

I understand my child, _____, qualifies for Title I intervention services in the following area(s):

Please check one of the following:

_____ I **do** want my child to receive intervention assistance.

_____ I **do not** want my child to receive intervention assistance and I would like my child to continue regular grade level instruction.

***I understand my child can attend the teacher monitored Learning Lab for extra academic assistance from 7:30 - 8:10am Monday through Friday, and 3:10 – 4:00pm Monday through Thursday.*

Date: _____

Student name: _____

Grade Level: _____

Print Parent Name: _____

Parent/Guardian Signature: _____

Cc: Classroom teacher, student cumulative file, intervention file