## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA TITLE I, MIGRANT EDUCATION AND SPECIAL PROGRAMS

Parental Consent for Year 2021-2022

☐ I GIVE permission for my child to receive School Board of Broward County (SBBC) Title I Supplemental Academic Services.
☐ I DO NOT GIVE permission for my child to receive Title I Services.

### Your child may be eligible to receive Title I instructional services in reading and/or math.

These services will be provided by the School Board of Broward County and will be paid for using Federal Title I funds. Title I Services include supplemental small group instruction and pre/post assessment through the district's contracted Vendors. In order to assess your child's needs for supplemental academic services, a review of standardized test scores, grades and observations from your child's teacher will occur. Progress reports will be sent to you and shared with your child's classroom teacher at the end of the school year.

#### **Disclosure of Information**

I give the private school permission to disclose all the information listed on this form to SBBC for the purpose of determining address and academic eligibility so my child may receive supplemental Title I academic services in the areas of reading and/or mathematics.

I give SBBC permission to disclose my child's eligibility status to the private schools. Purpose: to receive supplemental Title I academic services based on his/her address, grades, teacher observation and/or standardized assessment results.

I give SBBC permission to disclose my child's eligibility status to receive supplemental Title I academic services, and to redisclose all the information on this form to contracted vendor providing Title I services to private school students.

#### **Student Information**

Legal Name of Student:		Grade Level:	
Legal Name of Student:Last	First Midd	le	
Place of Birth:	Date of Birth:	Gender: Male □ Female □	
School: SAWGRASS ADVENTIST SCHO	OOL Class	room Teacher:	
Ethnicity: Is the student of Hispanic, Race (Check all that apply: ☐ White			
	Parent Information		
Print Name	P	Parent Signature	
Phone	E-mail Address	Date	
Home Address:	Home Address	Bldg./Apt:	
City:	State: <u>FL</u>	_ Zip Code:	
**********	**********	************	
	To be completed by the s	<u>chool</u>	
Academic Eligibility:	☐ Reading	□ Math	
Grades K – 2 ONLY: Teacher Observ	vation: (specifically list areas of	academic concern)	
Grades 3 – 12: Standardized Test N	ame/Score (2-Digit percentile)	OR Report Card Grade	
Mathematics:	Reading:		

## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA Title I, Migrant Education and Special Programs

# TITLE I SERVICES FOR PRIVATE SCHOOL STUDENTS 2021-2022 COMPACT FORM

School:	
Student Name:	Grade:
As a student, I promise to:	
<ul> <li>Come to school regularly</li> <li>Do my homework</li> <li>Respect teachers and students</li> <li>Participate in class</li> </ul>	<ul> <li>Ask questions to get help</li> <li>Listen in class</li> <li>Follow school rules</li> <li>Go to bed on time</li> </ul>
Signature of student	Date
As a parent, I promise to:	
<ul> <li>Allow my child to participate in Title I tutorial services</li> <li>Read and discuss progress reports</li> <li>Support school rules</li> <li>Make a time and place for homework</li> </ul>	<ul> <li>Visit the classroom</li> <li>Come to conferences</li> <li>Control TV time</li> <li>Volunteer at school</li> <li>Reinforce good behavior at school</li> </ul>
Signature of parent	Date
As a teacher, I promise to:	
<ul> <li>Report student's progress</li> <li>Provide high quality lessons and materials for students</li> <li>Provide activities and materials to support parent involvement</li> </ul>	<ul> <li>Participate in conferences</li> <li>Notify parents of any change in behavior, attendance or grade</li> <li>Be available to parents and staff</li> </ul>
Signature of teacher	Date