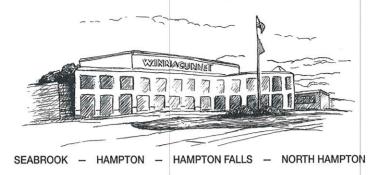
Winnacunnet High School



PERMISSION FOR TITLE 1 PROGRAM

2018-2019

I give permission for my child,		to participate in
the Title 1 Program, and for the exchange of infor	mation considered pertinent to	his/her education. It is
understood that all records and information are confidential, to be seen and used only by those		
	be seen and asea	only by those
personnel directly involved with my child.		
I also give the Title 1 Program my permise	sion to administer standardized a	chievement tests and
- 1 No. 10 No. 1		
any diagnostic tests which will help measure my o		
information before he/she is accepted into the pr	rogram; while in the program; ar	id after leaving the
program.		
Signed		
Email Ad	dress	
Email Address		
Relationship to student		
Date		
•		
I <u>do not</u> wish to have my child participate in the Title 1 Program.		
27 1		
Signed_		
Data		
Date		