

Winnacunnet High School



SEABROOK — HAMPTON — HAMPTON FALLS — NORTH HAMPTON

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 information considered pertinent to his/her education. It is understood that all records and information are confidential, to be seen and used only by those personnel directly involved with my child.

I also give the Title 1 Program my permission to administer standardized achievement tests and any diagnostic tests which will help measure my child's progress as well as provide statistical information before he/she is accepted into the program; while in the program; and after leaving the program.

Signed _____

Email Address _____

Relationship to student _____

Date _____

I **do not** wish to have my child participate in the Title 1 Program.

Signed _____

Date _____