## PERMISSION FOR TITLE 1 PROGRAM

I give permission for my child, the Title 1 Program, and for the exchang understood that all records and informa personnel directly involved with my chil	ge of information considered pertinent to his/h ation are confidential, to be seen and used only	to participate in er education. It is by those
any diagnostic tests which will help mea	ny permission to administer standardized achie asure my child's progress as well as provide stat ram; while in the program; and after leaving th	tistical information
	Signed	
	Email Address	
	Relationship to student	
	Date	
I <u>do not</u> wish to have my child	participate in the Title 1 Program.	
	Signed	
	Date	