**PERMISSION FOR TITLE 1 PROGRAM 2023-2024**

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