

# Winnacunnet High School



SEABROOK — HAMPTON — HAMPTON FALLS — NORTH HAMPTON

## PERMISSION FOR TITLE 1 PROGRAM

2024-2025

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 \_\_\_\_\_

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

Signed \_\_\_\_\_

Date \_\_\_\_\_