THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

TITLE I. MIGRANT EDUCATION AND SPECIAL PROGRAMS Parental Consent for Year 2020-2021 ☐ I GIVE permission for my child to receive School Board of Broward County (SBBC) Title I Supplemental Academic Services. □ I **DO NOT GIVE** permission for my child to receive Title I Services. Your child may be eligible to receive Title I instructional services in reading and/or math. These services will be provided by the School Board of Broward County and will be paid for using Federal Title I funds. Title I Services include supplemental small group instruction and pre/post assessment through the district's contracted Vendors. In order to assess your child's needs for supplemental academic services, a review of standardized test scores, grades and observations from your child's teacher will occur. Progress reports will be sent to you and shared with your child's classroom teacher at the end of the school year. **Disclosure of Information** I give the private school permission to disclose all the information listed on this form to SBBC for the purpose of determining address and academic eligibility so my child may receive supplemental Title I academic services in the areas of reading and/or mathematics. I give SBBC permission to disclose my child's eligibility status to the private schools. Purpose: to receive supplemental Title I academic services based on his/her address, grades, teacher observation and/or standardized assessment results. I give SBBC permission to disclose my child's eligibility status to receive supplemental Title I academic services, and to redisclose all the information on this form to contracted vendor providing Title I services to private school students. **Parent Information** Parent Signature Print Name E-mail Address Phone Date Legal Name of Student: Grade Level: First Last Middle Teacher: _____ School: Address: _____ Bldg/Apt: _____ City: _____ State: ____ Zip: ____ Place of Birth: _____ Date of Birth: _____ Gender: Male Female **Ethnicity:** Is the student of Hispanic, Latino or Spanish origin? ☐ Yes ☐ No ☐ Black ☐ Asian ☐ Multi-racial ☐ American Indian/Alaskan Native Race: ☐ White To be completed by the school Academic eligibility: □ Reading □ Math

Grades 3 – 8: Standardized Test Name/Score OR Report Card Grade

Grades K – 2 ONLY: Teacher Observation: (Briefly list deficiencies)

Reading Mathematics

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA Title I, Migrant Education and Special Programs

TITLE I SERVICES FOR PRIVATE SCHOOL STUDENTS 2020-2021 COMPACT FORM

School:	
Student Name:	Grade:
As a student, I promise to:	
 Come to school regularly Do my homework Respect teachers and students Participate in class 	 Ask questions to get help Listen in class Follow school rules Go to bed on time
Signature of student	Date
As a parent, I promise to:	
 Allow my child to participate in Title I tutorial services Read and discuss progress reports Support school rules Make a time and place for homework 	 Visit the classroom Come to conferences Control TV time Volunteer at school Reinforce good behavior at school
Signature of parent	Date
As a teacher, I promise to:	
 Report student's progress Provide high quality lessons and materials for students Provide activities and materials to support parent involvement 	 Participate in conferences Notify parents of any change in behavior, attendance or grade Be available to parents and staff
Signature of teacher	Date