THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
TITLE I, MIGRANT EDUCATION AND SPECIAL PROGRAMS

Parental Consent for Year 2021-2022

- ❑ 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.

Student Information

Legal Name of Student: _____ **Grade Level:** _____
Last First Middle

Place of Birth: _____ **Date of Birth:** _____ **Gender:** Male ☐ Female ☐

School: RHEMA WORD CHRISTIAN ACADEMY **Classroom Teacher:** _____

Ethnicity: Is the student of Hispanic, Latino or Spanish origin? ☐ Yes ☐ No
Race (Check all that apply: ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaskan Native

Parent Information

_____ _____
Print Name Parent Signature

_____ _____ _____
Phone E-mail Address Date

Home Address

Home Address: _____ **Bldg./Apt:** _____

City: _____ **State:** _____ **Zip Code:** _____

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To be completed by the school

Academic Eligibility: ☐ **Reading** ☐ **Math**

Grades K – 2 ONLY: Teacher Observation: (specifically list areas of academic concern)
_____
_____

Grades 3 – 12: Standardized Test Name/Score (2-Digit percentile) OR Report Card Grade

Mathematics: _____ **Reading:** _____

Revised 10/22/20
VHW