



Service Schedule for your child:

_____ **STUDENT NAME** _____ **GRADE** _____

has qualified for assistance in: MATH READING

Your child will be receiving instruction as indicated below:

	Monday	Tuesday	Wednesday	Thursday	Friday
Reading					
Math					

A schedule is not yet available but one will be sent home as soon as your student begins to receive services.

PLEASE RETURN THIS APPROVAL TO SCHOOL AS SOON AS POSSIBLE.

**Chicago Public Schools Title I Program for Private School Students
FY 2018-2019 ~ PARENTAL APPROVAL**

I have read this letter and reviewed the schedule. I agree that my child _____ may participate in the Title I program outlined above.

Parent/Guardian Signature

Date

Address

City

Zip

E-mail Address

Home Phone

Cell Phone

**The Title I program is a federal program that provides supplemental educational services so that all children have a fair, equal, and significant opportunity to obtain a high-quality education.*