

TITLE I SUPPLEMENTAL ACADEMIC SERVICES (SAS) Registration Form 2013-2014



Dear Parents/Guardians:

Title I, Part A provides funding for supplemental academic services (SAS). These services are not provided to all students. They are intended for students who have the highest academic need and are meant to increase a student's success rate in core academic areas.

Your child has been identified as a student who would benefit from receiving these additional services. Your child is eligible to receive these services based on multiple measures and school recommendation.

✓	Subject Area/Source	Measure/s
✓	Other: SAT - ELA/Math	PSAT Scores and/or Pre-Assessment Scores

Intervention services description:

When/Where services will be delivered: Please choose one day/time below

or

□ Mondays 3:00 – 5:00PM (Start date: 2/3/14 @ SOTA) **Wednesdays 3:00 – 5:00PM** (*Start date: 2/5/14 @ SOTA*)

What services will be delivered: <u>SAT Prep Class – Math/Critical Reading/Writing – Skills & Strategies</u> Your child's progress will be monitored and you will be informed of that progress in the following way: <u>Pre-assessment</u>, progress reports, and SAT results (SAT is Saturday, May 3, 2014)

Don't miss this opportunity! Complete the application below to enroll your child in this supplemental academic program and **return the registration form** to your child's school. **If you have any questions**, **please contact** <u>Mr. Mergler</u> **at** (585) 242-7682 extension 2493.

(One form per child)				
Child's Name				
Date of Birth (mm/dd/yy)	Student ID 8 9 0	Please include ID number!		
Parent's Name				
Child's School Child's Grade Level				
Home Address (Zip)				
Home Phone Cell Phone	Work Phone			
E-Mail				
Emergency Contact Name: Emergency Contact Phone #:				
English Spoken at Home:YN If no, what language?				
Does your child have any food allergies or restrictions?YN				
If yes, list here:				
Does your child have any special needs or medical restrictions we should know about?YN				
If yes, list here:				
PLEASE READ AND SIGN I authorize the District to release any and all <u>education records</u> relating to my child to the tutoring agency my child is enrolle with for 2013-2014. I understand that these records will be released so that the tutor may better meet the needs of my child. This includes, but is not limited to, Individualized Education Plans, 504 Plans, AIS plans, and report cards.				
Parent/Guardian Signature	Date			

Return this completed application (both top and bottom portions) to your counselor or to Mr. Mergler.