

**Philosophy, Goals, Objectives and Comprehensive Plans**

Exhibit 1

**PARENT/GUARDIAN TRANSFER REQUEST BASED ON SCHOOL'S PROGRAM IMPROVEMENT STATUS**

Instructions: To request a transfer for your child out of a school that has been identified for [program improvement, corrective action or restructuring], please complete the following form and return it by [date] to [the district office or to the principal at your child's school]. You will be notified by [date] regarding your child's school assignment for the next school year and your options if you decide to decline the school assignment at that time.

Child's Name: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
School Child Currently Attends: \_\_\_\_\_

Please write numbers in the boxes below to rank your top [number] choices of available schools:

- [ ] \_\_\_\_\_ [school name] \_\_\_\_\_
- [ ] \_\_\_\_\_ [school name] \_\_\_\_\_
- [ ] \_\_\_\_\_ [school name] \_\_\_\_\_

If you have any questions, please contact the [district office or principal] at [phone number].

(3/03) **3/09**

Exhibit 2

**TITLE I PROGRAM IMPROVEMENT SCHOOLS**

**PARENT/GUARDIAN SELECTION OF SUPPLEMENTAL EDUCATIONAL SERVICES**

Instructions: To select supplemental educational services for your child, please complete the following form and mail, fax, or deliver it to the principal of your child's school or to the district office by [date].

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Please write numbers in the boxes below to indicate your top [number] choices of service providers:

- [ ] \_\_\_\_\_ [name of service provider] \_\_\_\_\_
- [ ] \_\_\_\_\_ [name of service provider] \_\_\_\_\_
- [ ] \_\_\_\_\_ [name of service provider] \_\_\_\_\_
- [ ] \_\_\_\_\_ [name of service provider] \_\_\_\_\_

Once a service provider has been determined for your child, the district will enter into a formal contract with the provider in accordance with law.

If you have any questions or need assistance selecting a provider, please contact [name] at [phone number].

(3/03) **3/09**