

Firelands Local School District
Parental Withdrawal Form—Title One Services

Dear Parent/Guardian,

Please complete the following information and return this form to the school building which your child attends. Until this form is submitted, your child will receive intervention services provided by our Title teachers.

Date: _____

Name of Student: _____

Grade: _____

Name of Parent/Guardian: _____

Address: _____

Phone: _____

I would like to withdrawal my child from receiving Title One intervention services from the Firelands Local School District.

Below is the reason I am requesting that my child be removed from all Title intervention services provided by Firelands Local School District:

Parent/Guardian Signature

Date