

SHEFFIELD- SHEFFIELD LAKE CITY SCHOOLS

Parental Withdrawal Form –Title 1 Services

Dear Parent/ Guardian:

Please complete the following information and return this form to the school. Until this form is submitted, your child is registered at the school as receiving supplemental services.

Thank you,

Title I Tutor

Date: _____

Name of Student: _____ Grade: _____

Name of Parent: _____

Address: _____

Phone: _____ (Daytime) _____ (Evenings)

I would like to withdraw my child from receiving Title I supplemental services from the Sheffield-Sheffield Lake City Schools.

The reasons that I am requesting to withdraw my child from the supplemental services provider listed above are as follows:

Parent Signature

Date