

OPTION FOR TITLE I SCHOOL PARENT CONSULTATION – ATTACHMENT A

Instructions: Please review information on pages 10-14 of the 2008 - 2009 Title I Parent Involvement Guidelines memorandum. Check the option appropriate for your school in the space below and enter the information for the elected representative and alternate who will serve on the District Title I structure on behalf of your school. Fax completed form to your District Family Advocate:

Option A (PAC)_____

Option B (PA)_____

School

Date of Title I Parent Meeting

Principal’s signature (required):

Print Name

Signature

Date

DISTRICT TITLE I ELECTED REPRESENTATIVE AND ELECTED ALTERNATE

Elected Representative:

Name:_____

Mailing Address:_____

City/State/Zip:_____

Daytime Telephone:_____

Evening Telephone:_____

E-mail Address:_____

- Is the elected representative a parent of a child currently attending a school receiving Title I funds?
_____ Yes _____ No
- Is the elected representative an employee of the NYC Department of Education?
_____ Yes _____ No
If yes, provide work site and job title:_____
- Date of school level election of representative:_____
- Term of office (from/to):_____

Elected Alternate:

Name:_____

Mailing Address:_____

City/State/Zip:_____

Daytime Telephone:_____

Evening Telephone:_____

E-mail Address:_____

- Is the elected representative a parent of a child currently attending a school receiving Title I funds?
_____ Yes _____ No
- Is the elected representative an employee of the NYC Department of Education?
_____ Yes _____ No
If yes, provide work site and job title:_____
- Date of school level election of alternate:_____
- Term of office (from/to):_____