



Egg Harbor Township School District
Office of State and Federal Programs

2499 Spruce Avenue
Egg Harbor Township, N.J. 08234
(609) 646-7911 ext. 1030 • FAX (609) 646-2639

DR. CHARLES R. FREDERICKS
Supervisor of State and Federal Programs

DR. SCOTT P. McCARTNEY
Superintendent

April 15, 2016

Dear Parent/Guardian:

We are pleased to announce that we anticipate having a voluntary Title I summer program, pending receipt of sufficient Title I funds. As an identified Title I student, your child may be eligible for this **free** summer program. This program will be held during July on the dates indicated below. Transportation will be provided to and from this program. There is *no requirement* that your child attend this program. However, it is designed to help your child improve his/her reading and math skills. *Unfortunately, due to the overwhelming demand, we may not be able to accommodate every student.* If we are unable to accommodate all requests, students will be selected based on greatest academic need as measured by their performance on the final trimester test and Title I teacher recommendation.

Only Title I students at Davenport and Miller Schools will be considered for this program. Unfortunately, we are not able to accommodate students who wish to attend only one or two weeks. A four week commitment is required for this program.

Who: *Selected* Title I students at Davenport and Miller Schools

What: 2016 Title I Summer Program. Improve skills in reading and math.

When: 8:30 am to 12:00 noon on the following dates:

T, W, Th – July 5, 6, 7

T, W, Th – July 12, 13, 14

T, W, Th – July 19, 20, 21

T, W, Th – July 26, 27, 28

Where: Davenport Elementary School

Transportation: Will be provided

Lunch: Will not be provided. We encourage you to send in a snack with your child.

If you would like your child to participate in this Title I extended year program, please complete the enclosed form and return it to your child's Title I teacher no later than Wednesday, April 27th. Unfortunately, we will not be able to honor requests submitted after this date. **If your child is selected for this program**, you will receive confirmation that he/she has been accepted as well as transportation details prior to the end of the school year. If you have any questions, please feel free to contact your child's Title I teacher or myself at the above number.

Sincerely,

Charles R. Fredericks, Ph.D.

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2016 Title I Summer Program

Name of Child: _____ Grade (15-16): _____

School: _____ Homeroom Teacher: _____ Title I Teacher: _____

Address: _____

Home Phone Number: _____ Parent Name /Cell: _____

Emergency Contact/Relationship: _____ Phone Number: _____

Emergency Contact/Relationship: _____ Phone Number: _____

Students will be permitted to leave only with those persons identified with your student in our student database. Please note any **documented** custody issues that should be considered.

If your child has any medical conditions that require medication or special attention, please list the condition and medication/consideration (e.g. asthma, diabetes, etc.).

If your child has any behavioral considerations, please list them.

Check one of the options below:

_____ Yes, I am interested in my child attending the Title I summer program.

_____ No, I am not interested in my child attending the Title I summer program.

Check one of the options below:

_____ Yes, I need transportation to and from this program.

_____ No, I do not need transportation to and from this program.

Please note that for kindergarten students, an adult must be present for pick up and drop off from the bus.

Please complete and return this page to your child's Title I teacher at your child's school. All forms must be returned by **April 27th**. Forms received after this date will not be accepted for consideration. If your child is selected for the program, you will be notified before the end of the school year. Thank you.

Parent Signature

Date