

TITLE VI STUDENT FORM

Students Name: _____

Address: _____

Email: _____

Phone Number: _____

School Name: _____

Please Check one of the areas below:

YES ____ I give permission for the Title VI Sampson County Coharie Indian Education Coordinator to assist with my child at school. If a situation occurs or assistance is needed at school.

NO ____ I do not wish for my child to have any assistance or be taken out of class by the Sampson County Coharie Indian Education Coordinator.

After school tutoring will be provided at the Coharie Tribal Center on Tuesday, Wednesday, and Thursday.

Wanda Ammons

