

**School Parent Involvement Policy Meeting  
Invitation to Participate**

Dear Parent or Guardian:

We believe that your involvement with your child's education is essential to their academic and future success. To honor our commitment to provide the best possible educational experience for your child and work with you in that effort, we would like to invite you to help us develop or revise our school's *Parent Involvement Policy*.

We have planned to hold meetings that will be dedicated to this important collaboration. The first meeting is scheduled for \_\_\_\_\_(time, date) at the following location: \_\_\_\_\_(location). There may be more meetings for us to complete this project.

The *Parent Involvement Policy* we develop with you will also integrate all the parent involvement strategies, activities and services for programs that may be offered at our school such as those for students who are limited English proficient, disabled, migratory, homeless, economically disadvantaged or in need of additional academic assistance.

Together with you, we will develop a written policy guide that will be distributed to parents of students participating in a Title I program. We will also make this written policy available to other interested parents.

With your continuing support and input, we will conduct an annual evaluation of the effectiveness of our *Parent Involvement Policy*. The purpose of this annual evaluation is to determine:

- how this Policy has contributed to the academic progress of our students,
- the identification of our strengths and areas for improvement, and
- the removal of any barriers that may prevent parents from fully participating as a partner in their child's education.

We invite you to join with us by investing your time and energies in the future success of all our students. If you are interested in participating, please complete the "Parent Participation Form" as the first step of your commitment. We would appreciate hearing from you by \_\_\_\_\_(date).

Sincerely,

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Email Address

**Parent Participation Form  
School Parent Involvement Policy Meeting**

Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Meeting Location: \_\_\_\_\_

The school \_\_\_ can \_\_\_ cannot provide child care for this meeting.

The school \_\_\_ can \_\_\_ cannot provide transportation for this meeting.

Please return this completed form to your child's teacher by this date \_\_\_\_\_ (date).

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***Parent/Guardian: Please complete the section below and return the entire form to your child's teacher.***

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ School: \_\_\_\_\_

My interest in participating in the School Parent Involvement Policy Meeting is:

\_\_\_ I can attend the meeting.

\_\_\_ I can attend the meeting, but I have transportation difficulties. If the school can provide transportation (see above if school can/cannot provide transportation), I am requesting transportation assistance.

\_\_\_ I can attend the meeting, but I have child care responsibilities. If the school can provide child care (see above if school can/cannot provide child care), I am requesting child care assistance.

\_\_\_ I cannot attend the meeting.

Please provide the following information:

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Number of non-school aged children: \_\_\_\_\_

Thank you for your interest and commitment to ensure your child's academic success.

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	