

Butte Falls School Dist 91

District Parent and Family Engagement Policy Meeting Invitation to Participate

School: Butte Falls Charter School			Date: 11/09/2023	
			(mm/dd/yyyy)	
Dear Parent or	Guardian and family	:		
wants to provide	e the best possible ed	ucational experience f	to his or her academic and future success. Our school district for your child and we want to work with you in that effort. You at and Family Engagement Policy.	
A meeting is sc District Office project.	heduled for		(time, date, mm/dd/yyyy) at the following location: More meetings may be needed to complete this important	
services, and pr learners, studer	rograms that may be nts with disabilities, r	provided to your studenigratory students, stu	th you will include all the parent involvement plans, activities, ent at our schools. Some examples are programs for English idents that are homeless, gifted and talented programs, and ed or in need of additional academic assistance.	
		a written policy that valuable to all other part	vill be provided to parents of students in a Title I program. We rents in the district.	
			r Parent and Family Engagement Policy. You will be invited to surpose of this annual evaluation is to identify:	
•	any barriers that me the needs of paren children. This incl	ts and family member udes engaging with so	te academic progress; fully participating in their child's education; es so that they can successfully help with the learning of their chool personnel and teachers; and and family relationships.	
	ase complete the "Pa		re success of all of our students. If you would like to m" as the first step of your commitment. Please respond by	
Sincerely,				
Julie Freeman Name			Administrative Assistant Title	
	541.865.3563 Phone		jfreeman@buttefalls.k12.or.us Email Address	
		OFF	ICE USE ONLY	
Student ID #	Date Distributed	Date Received		

English Parent Participation Form

Butte Falls School Dist 91

Parent Participation Form

	g Date:		
			
Meeting	g Location:		
<u> </u>	The district can provide childcare for the The district can provide transportation for An agenda for the meeting is attached.	or this meeting.	
Please return this compl	leted form to your child's teacher by this	date	_(date).
	lian: Please complete the section below		
Name of Student:		Date:	
Name of Parent:		School:	
Please mark all boxes th	nat apply to you:		
	I can attend the meeting. I can attend the meeting, but I have transportation (see above if district can of transportation assistance. I can attend the meeting, but I have child (see above if district can or cannot provide I cannot attend the meeting. The season of the provided information:	or cannot provide transported care responsibilities. If the ide childcare), I am request	ation), I am requesting e district can provide childcare ing child care assistance.
	Phone:		
	Address:		
	Number of children needing childcare d	uring the meeting:	
Thank you for making s	sure your child succeeds in school.		
Please indicate if you no	eed the following assistance while attendi	ing the meeting:	
☐ Inte	al Interpretation: Language:erpreter: Sign language ner:		_

OFFICE USE ONLY					
Student ID #	Date Distributed	Date Received			