

VENTNOR EDUCATIONAL COMMUNITY COMPLEX

Ventnor Elementary School

Principal Eileen Johnson

400 N. Layette Avenue

Phone: (609) 487-7900 Fax: 822-5840

Dear Parent(s)/Guardian(s):

Your child, _____, has been selected to participate in the Ventnor School District's mandated Basic Skills/Title I Instructional Program for grades K-4 in Mathematics.

Selection was based on classroom performance, teacher recommendation and final report card grades.

The Basic Skills program provides students with supplemental mathematics assistance in the classroom setting as well as out of the classroom for small group instruction. The BSI and the regular program teachers meet to plan for your child's specific needs.

Our goal is to work with parents to provide the best service possible. Please contact your child's Basic Skills Teacher if you should have any questions. Below you will find the name and email of your child's Basic Skills teacher:

Teacher

Email

Sincerely,
Eileen Johnson, Principal

_____ Clip & Return _____

I understand and agree with my child's participation in the Basic Skills Program.

Child's Name _____ Grade _____

Homeroom Teacher _____

Parent/Guardian Signature _____ Date _____

Parent Contact Information:

Phone #: _____ Email: _____

** Please complete this form and return to your child's Basic Skills teacher as soon as possible.