



# Proud to be Title I

## Harford County Public Schools

102 South Hickory Avenue Bel Air, MD 21014

### Title I Department

#### Parent Request Change of Supplemental Services Providers

I, \_\_\_\_\_, the parent and legal guardian  
*Parent or Legal Guardian of Child*

of \_\_\_\_\_ formally request a change in  
*Child's Name (one per request)*

Supplemental Educational Services Providers (SES) from:

\_\_\_\_\_ to  
*Existing SES Provider*

\_\_\_\_\_  
*2<sup>nd</sup> or 3<sup>rd</sup> Choice (from application if applicable)*

I have decided to change providers due to the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The process for changing providers and a list of providers available to receive my child has been discussed with me by the staff of the Title I office, who have in no way encouraged my decision to select one provider over another.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

(Please note that this signature should be same as on the original SES application)