

HOUSTON INDEPENDENT SCHOOL DISTRICT  
External Funding Department

**TITLE I, PART A  
PARENT MEETING INFORMATION  
(Tracking Tool)**

Campus Name: \_\_\_\_\_ Campus No: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**TITLE I PARENT MEETING DATES AND TIMES**

|    | DATE      | TIME       |
|----|-----------|------------|
| 1. | (A) _____ | _____ A.M. |
|    | (B) _____ | _____ P.M. |
| 2. | (A) _____ | _____ A.M. |
|    | (B) _____ | _____ P.M. |
| 3. | (A) _____ | _____ A.M. |
|    | (B) _____ | _____ P.M. |
| 4. | (A) _____ | _____ A.M. |
|    | (B) _____ | _____ P.M. |

Please complete on the External Funding SharePoint site by Friday, October 6, 2023.

\_\_\_\_\_  
Principal Signature