



Supplemental Educational Services

Please return this application to your child’s school by October 5, 2010 to be considered for early enrollment in the SES program you selected. You will receive more information the tutoring start date.

Student’s Name: _____

Student’s Grade: _____

Student’s School: _____

Parent/Guardian’s Name: _____

Parent/Guardian’s Address: _____

Parent/Guardian’s Telephone: _____

Circle all that apply:

- | | | |
|-------------------|---------------|--------------------------------------|
| Special Education | Retained | Limited English Proficiency (LEP) |
| Reading Tutoring | Math Tutoring | Reading & Math Tutoring Science |

Please list your first and second choices

Provider #1 _____

Provider # 2 _____

I understand that:

1. My child must regularly attend or log into the program. If he/she is consistently absent, my child will be dropped from the program.
2. The Virginia Department of Education sets a per pupil allocation for SES/tutoring. Services will end for my child when that amount is reached.
3. Transportation is not provided for SES, however; my child may be permitted to ride the Extended Day bus.
4. I must attend a meeting with a member of the tutoring service and a member of the staff at my child’s school to establish learning goals for my child.
5. I give permission to the school to release my child’s free and reduced meals status and academic information as needed for this program.

Enclosed in this booklet are a list of Supplemental Educational Services (SES) providers that will be available to tutor your child. These services are at no cost to you. Please make a 1st and 2nd choice of providers for your child. In addition, your signature on this application gives the Title I office permission to furnish your child’s contact information to any of the state approved Supplemental Educational Services (SES) providers selected. Also, the parent/guardian is responsible for ensuring the student’s attendance for scheduled sessions after he or she is enrolled in the Supplemental Educational Services program. Please return this form to your child’s school. For more information and or questions regarding services, you may contact the Title I office at (804) 780-7790, 301 North 9th Street, 12th floor, Richmond, VA 23219.

Parent/Guardian Signature: _____