

Flagler County Public Schools
Request for Supplemental Educational Services

Return this original form to your child's school counselor or the Title I SES office by 4:00 p.m., November 2, 2011.

Student's name _____ Student's ID # _____

School 2011-2012 _____ Student Grade Level _____ Date of Birth _____

I want my child to receive tutoring in _____ (Reading/Language Arts or Math or Science). Select one.

As the parent/guardian of this student, I have selected the following provider to provide tutorial support: (Please select three Providers from the SES Provider Directory. If you do not select one of the tutoring companies that are listed in the directory you will not be able to be placed in the program.

Selected 1st choice Provider Name _____

2nd choice Provider Name _____

3rd choice Provider Name _____

Please check all that apply to your child. ESOL ESE 504 RTI Retained (same grade)

I understand and agree to the following:

- I consent to release my child's test scores and other academic information to the SES provider.
- My child must regularly attend the program. If he/she is absent more than 3 times, my child may no longer be able to be tutored in this program.
- I must provide my own transportation to and from tutoring program. Student pick up must be on time.
- I am required to attend a meeting with a provider representative and the school's representative to establish goals for my child before tutoring service can begin.
- I will contact the Title I office if I want my child assigned to a different provider because the terms of the Student Learning Plan are not being met.
- The district will pay up to \$1,014.00 for this school year for the services I have selected.
- The school will give the provider I choose my child's information which includes telephone numbers, address and academic information.

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

PRINT NAME OF PARENT/LEGAL GUARDIAN DATE

PHYSICAL ADDRESS MAILING ADDRESS

EMAIL ADDRESS

TELEPHONE NUMBER CELL PHONE WORK PHONE

The best time to call me by phone is _____.

FOR SCHOOL USE ONLY		
2010-2011 Student Reading Score	<input type="checkbox"/> FCAT (SSS) _____	<input type="checkbox"/> SAT 10 _____
2010-2011 Student Mathematics Score	<input type="checkbox"/> FCAT (SSS) _____	<input type="checkbox"/> SAT 10 _____
2010-2011 Student Science Score	<input type="checkbox"/> FCAT (SSS) _____	<input type="checkbox"/> SAT 10 _____

If you have questions about your SES provider selection please contact Diane Demetriades at 437-7526 at the Title I/SES Office located at the Government Services Building, 1769 East Moody Boulevard, Building #2, Bunnell, FL, 32110.