Thermalito Union School District Supplemental Educational Services Application Form Return form to your child's school office by Monday, October 27, 2014 2014-2015

	2014-201.		
Student Name _		Grade _	
School		Teacher	
Parent/Guardian	Name		
Home Phone		Cell Phone	
Address			
Parent's Email A	Address		
each child for w	the section below and return the entire form to nom you are requesting supplemental services my child may be able to participate in free ac	S.	-
	nis information, I have selected the following		or the morning series
	I decline supplemental services for my child I wish to enroll my child in the services offer approved supplemental service provider from	ered by the following pro	ovider (name of state-
	1 st Choice		
	2 nd Choice		
	3 rd Choice		
	I would like assistance from the school to h phone number and/or email address listed b		Please contact me at the
I understand that	:		
• My child must attend the program regularly. If he/she is consistently absent, my child will be dropped from the program.			
• Tutoring services will terminate on May 30, 2015 or until my child has utilized the per pupil allocation for his/her tutorial support, whichever comes first.			
 Any transportation costs to and from the tutor/supplemental service provider's location are my responsibility as the parent. 			
I must a tutoringI give m provider	tend a meeting with a representative of the st agency to create a Supplemental Learning Pla y permission for school officials to release ac	an (SLP) before any tuto ademic achievement info	oring can begin. formation to my child's SES
• I give m	y permission for school officials to release m	y phone number to my c	hild's SES provider.
P	arent/Guardian Signature		Date
For Office Use Only			SES Constitution Only
Received by:	Date:		SES Coordinator Only

Approved

Eligibility from Food Service ___

Level

MATH.

_Yes

Level

Score

Score