

DISTRICT: _____

DUE DATE: _____

2010-2011
WASHINGTON STATE UNIVERSAL APPLICATION
FOR
SUPPLEMENTAL EDUCATIONAL SERVICES (SES)

If your child attends a Title I, Part A school that is in Steps 2–5 of school improvement and qualifies for free/reduced lunch, he/she may be eligible to receive free tutoring. If you are interested, please complete this form and return it either to your child’s school or to the approved SES provider that gave it to you. Use a separate form for each child. Please print clearly.

STUDENT NAME: _____ SCHOOL: _____
STUDENT ID: _____ GRADE: _____ DATE OF BIRTH: _____
PARENT/GUARDIAN NAME: _____ TELEPHONE: _____
PARENT/GUARDIAN ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

NAME OF 1ST CHOICE PROVIDER: _____
NAME OF 2ND CHOICE PROVIDER: _____

YES, I am interested in having my child receive free supplemental education services from the provider listed. I understand that:

- My child is not enrolled in the program until my school/district has contacted me to confirm eligibility.
- I may choose any provider from the list of district and state approved providers.
- Free tutoring for my child will end on or before August 1st, 2011.
- Any necessary transportation to or from tutoring is the parent/guardian’s responsibility.
- As parent/guardian, I will participate in a meeting/conversation with a representative of the selected provider and a representative from my child’s district/school (if possible) to determine my child’s specific learning goals.
- As parent/guardian, I give my child’s school/district permission to release both academic and directory information about my student to the tutoring provider I have selected.

PARENT SIGNATURE: _____ DATE: _____

If you have any questions about the SES program, please contact your district Title I office or the Title I office at the Office of Superintendent of Public Instruction in Olympia at (360) 725-6100.