Supplemental Educational Services (SES)
Tutoring Application

Instructions:

1. Print legible numbers and CAPITAL block letters in the boxes.
2. Complete one application for each child.
3. Choose 4 providers (tutoring companies). If your first choice of provider is not available, your child will receive services from your second choice, and, if necessary your third or fourth choice.

Important Information:

1. You must have completed and turned in the free/reduced meal form. Only students that have been approved to receive free/reduced meals are eligible for tutoring.
2. **Applications for the first enrollment period must be returned by September 8, 2008**. All applications received after September 8, 2008 will be processed during the next enrollment period. You may fax this application to 863-534-7496, return it to your child's school or mail this application to
   Title 1 Program
   P.O. Box 391
   Bartow, FL 33831
3. Incomplete applications will **not** be processed.
4. Title 1 will pay up to $ 1277.00 for tutoring services. Once those funds are depleted, tutoring will end.
5. Students may be prioritized by academic need.

Student Information: School _____ 08-09 Grade Level _____

Student's Legal Name – Last Name First Name

Daytime Phone Number **Home Phone Number** **Student Date of Birth –**Month-Day-Year

Home Address – Street Address Apt. #

City State ZIP Code

Mailing Address – If Different Than Home Address Apt. #

City State ZIP Code

Did your child receive free or reduced lunch during the 2007-2008 school year? Yes ☐ No ☐

Was your child retained at the end of 2007-2008 school year? Yes ☐ No ☐

1st Choice _____ Individual Small Group Large Group
Provider Name (not school name) *** Circle Type of Instruction (if applicable)**

2nd Choice _____ Individual Small Group Large Group
Provider Name (not school name) *** Circle Type of Instruction (if applicable)**

3rd Choice _____ Individual Small Group Large Group
Provider Name (not school name) *** Circle Type of Instruction (if applicable)**

4th Choice _____ Individual Small Group Large Group
Provider Name (not school name) ***Circle Type of Instruction (if applicable)**

*** If the type of instruction is not chosen, student will be placed in small group instruction (if applicable).**

Parent Release Statement

Completion of this application gives permission for the Polk County Public School District to release my address, telephone number, my child's academic records and emergency card to my child's 2008-2009 selected provider. If my four choices of providers are not available, I give my permission to allow the district to choose a provider for me. The selected provider will contact me to finalize SES arrangements. All other SES communications should be handled by the SES District staff.
I have read and understand the Title I Supplemental Educational Services Guidelines.

_____/_____ _____

Print Parent Name **Parent Signature** **Date**