

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 10, 2009.** All applications received after September 10, 2009 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 I Program
 P.O. Box 391
 Bartow, FL 33831
3. Incomplete applications will **not** be processed.
4. Title I will pay up to \$ 1415.00 for tutoring services. Once those funds are depleted, tutoring will end.
5. Students may be prioritized by academic need.

Student Information: School _____ **09-10 Grade Level** _____

Student's Legal Name – Last Name _____

First Name _____

	Applications are no longer being accepted for the 2009 – 2010 school year. Information about the program for the 2010-2011 school year will be available in July, 2010.		
Daytime Phone N			-Month/Day/Year
Home Address			Apt. #
City			
Mailing Address – If Different Than Home Address			Apt. #
City	State	ZIP Code	

Did your child receive free or reduced lunch during the 2008-2009 school year? Yes No

1st Choice _____
 Provider Name (not school name)

Individual Small Group Large Group
 * Circle Type of Instruction (if applicable)

2nd Choice _____
 Provider Name (not school name)

Individual Small Group Large Group
 * Circle Type of Instruction (if applicable)

3rd Choice _____
 Provider Name (not school name)

Individual Small Group Large Group
 * Circle Type of Instruction (if applicable)

4th Choice _____
 Provider Name (not school name)

Individual Small Group Large Group
 * 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 2009-2010 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