

**Newton County School System**  
*Office of Federal Programs*  
**Request for Supplemental Educational Services (SES)**  
**(Free Tutoring)**  
**Must be received by on or before Monday, September 28, 2009.**

- Yes, I would like for my child to receive Supplemental Educational Services.  
 No, I would not like for my child to receive Supplemental Educational Services.

**Please Print**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: **Daytime** ( ) \_\_\_\_\_ **Evening** ( ) \_\_\_\_\_

Student's School: \_\_\_\_\_

Student's Grade: \_\_\_\_\_ Gender: Male  Female  Teacher \_\_\_\_\_

Math  Reading/Language Arts  English

**Parent Understanding Request for Supplemental Educational Services Agreement:**

I am requesting supplemental educational services (**free tutoring**) for the student named above. I have been informed and understand that the School System cannot at this time guarantee that the requested provider can or will provide the requested services, although the LEA will make every effort to honor my request. If my first choice provider is unable to provide services, my child will automatically be placed with the second or third choice provider listed below. I understand if my child cannot be placed with the preferred SES provider, the LEA will contact me to select another provider. I also understand that the school system is not responsible for providing transportation to and from these services and the amount of money the school district may spend on supplemental educational services for any student during the current school year is limited by law to **\$1,292**. I authorize the school district to release my child's assessment data to the selected provider in an effort to assist them in developing a tutorial program that addresses the specific needs of my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of Requested Provider: (See attachment for the list of state approved providers)**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**District Office Use Only**

Early Intervention Program (EIP)  Limited English Proficiency (LEP)  Student ID # \_\_\_\_\_

Students with Disabilities (SWD)  Date received \_\_\_\_\_

Eligible for Free/Reduced Meals: Yes  No  Eligible  Not Eligible

First Enrollment Period