



2009-10

Supplemental Educational Services Enrollment Application

Students Name: \_\_\_\_\_ (please print)

School Name: \_\_\_\_\_ (please print)

Parent/Guardian Name: \_\_\_\_\_

Current Phone # \_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_ (Application cannot be processed without a current phone numbers)

Current Address \_\_\_\_\_ Zip Code \_\_\_\_\_ (Application cannot be processed without a current address)

Email Address# \_\_\_\_\_

As the parent/guardian of this student, I have selected the following agency/provider to provide tutorial support (you must select three Providers):

1st Choice for Supplemental Service Provider \_\_\_\_\_

2nd Choice for Supplemental Service Provider \_\_\_\_\_

3rd Choice for Supplemental Service Provider \_\_\_\_\_

I understand that:

- 1. If I am not satisfied with the services of my selected provider that I have chosen for my child that I may request a transfer to another provider using the district's REQUEST FOR NEW SES PROVIDER form. Or if the Provider does not contact me within 10 days of my child being placed with my chosen Provider the district reserves the right to transfer my child to my second or third choice Provider.
2. My student must regularly attend the program. If he/she is consistently absent, my student will be dropped from the program.
3. The district is only obligated to pay \$1,878.95 for the services I have selected.
4. Tutorial services will terminate June 30, 2010 or until my student has utilized the \$1,878.95 allocated for his/her tutorial support, whichever comes first.
5. Any transportation costs to and from the supplemental service provider's location are the responsibility of the parent or as arranged with my selected Provider.
6. I must attend a meeting with a representative of the agency/provider and the school's representative to establish goals for my student.
7. I agree to release my child's academic information including 504 and IEP plans to my selected Provider.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Application must be returned in the enclosed postage paid return envelope by September 25, 2009 to Federal Programs, Cincinnati Public Schools PO BOX 5381 Cinti., OH 45273-9837 Phone (513) 363-0220, Applications can be faxed to (513) 363-0109.