



**Jefferson School District
Student Services Office
1219 Whispering Wind Drive
Tracy, CA 95377
(209) 836 - 4531**

Request for Supplemental Educational Services (Tutoring) 2015-2016

Please complete one form for each child. Do not list more than one student on this form or the form will be rejected.
Please CLEARLY PRINT the following information:

Student's Legal Name: _____

Home Address: _____

Home Phone: () _____ Cell or Work Phone: () _____

Home School: _____ Current Grade Level: _____

As the parent/guardian of the above-named student, I have selected the following Supplemental Educational Services Provider for my child: (Please choose from the eligible SES Providers on the list attached. Please choose more than one provider, in the event your first choice becomes unavailable)

1st Choice Provider Name

2nd Choice Provider Name

3rd Choice Provider Name

I understand that:

- Submission of this form does not guarantee enrollment into the program. If more students enroll than there are funds for, priority will be given to the most financially disadvantaged and then the most academically disadvantaged.
- Jefferson School District is only obligated to pay up to \$823.00 for services I have selected.
- Supplemental Services will end of May 20, 2016, or when my student has utilized the total allocation amount of \$823.00, whichever comes first.
- My student must regularly attend the program or risk being dropped from the program.
- If I cancel the service with this provider during the school year, I will not be allowed to select another provider during the current school year.
- Transportation to and from the Supplemental Service Provider's location is the responsibility of the parent. The District will not provide transportation.
- The provider will contact me to set up a meeting to establish goals for my student.
- Application deadline is November 13, 2015. Late forms will not be accepted.
- Jefferson School District will send notification regarding participation by December 4, 2015.

Print Parent / Guardian Name

Parent / Guardian Signature

Date

PLEASE RETURN THIS COMPLETED FORM TO:

Your child's school office OR The Student Services Office - Jefferson School District, 1219 Whispering Wind Drive, Tracy, CA 95377

ALL FORMS MUST BE RECEIVED BY NOVEMBER 13, 2015 BY 4PM