



INTERNAL PURPOSES ONLY:
NSLP: _____
115: _____
Site: : _____

NCLB Supplemental Educational Services (SES) 2015-2016 Free Tutoring Application

APPLICATION DEADLINE:

Due to the TTUSD District Office by 3pm Friday, October 30, 2015

OR postmarked by October 28, 2015

Parent /Guardian to fill out COMPLETELY. See reverse side for notes.

Student Last Name: _____

Student First Name: _____

DOB: _____ Permanent ID: _____

School: _____ Grade: _____

Phone: _____

Email: _____

Requesting Tutoring Services for (circle ONLY one):

English Language Arts

Reading

Math

Science

Requested SES Providers:

Every attempt will be made to place your student in their first choice listed. Please list, IN YOUR PRIORITY ORDER, the names of the SES Tutoring Companies that you want your student enrolled with:

1. _____
2. _____
3. _____

Additional Information:

- * Program Improvement School eligibility subject to state approval
- * Student eligibility based on free/reduced lunch status
- * If multiple applications are received for a student, the first application recorded will be used
- * All applications received **must be complete** and legible to be processed
- * If you do not know your student's permanent ID number, you must obtain it from the school
- * If you choose to let a representative from an SES Provider Company handle and/or deliver your application, the district is not responsible if it is not received
- * Every attempt will be made to place your student in their first choice
- * All applications need to be returned to the Educational Services Department of TTUSD at:

Tahoe Truckee Unified School District

ATTN: SES Services

11603 Donner Pass Rd

Truckee, CA 96161

- ◆ * For assistance in Spanish, call (530) 582-2513

Parent/Guardian Signature:

By selecting a provider, I understand that Tahoe Truckee Unified School District may share information regarding my child's academic records; grade level; English language status; if my child has an Individual Education Plan (IEP) and/or Section 504 Plan (if applicable); and parent/guardian's name, address and phone number with the provider that my child is assigned, as appropriate. I also understand that the provider will use the information for legitimate interests only and that the information shall not be further communicated to any other agency without my written consent.

*By signing below, I acknowledge that I have reviewed the statement above and understand the process of selecting a Supplemental Educational Services Provider for my child. **If the requests for free tutoring exceed available funding, priority will be given to the lowest-performing students who qualify for free or reduced price meals at school.** I agree that if my child attends tutoring one or more times with a provider, he or she **will not be able to change providers.** Any transfers will be handled on a case by case basis. I agree that I must keep my contact information current with my child's school. I also understand enrollment in SES is voluntary, and is a contract, and my child can be removed from the program for not attending regularly. I also understand that my student's progress will be shared with his or her teachers on a regular basis.*

Parent/Guardian Signature

Date