



FONTANA UNIFIED SCHOOL DISTRICT

2009-10 Application for Supplemental Educational Services (SES) – Round 2

Please complete the following information. Read the agreement statement, sign and date this Application for SES. Return this form to the school office by **Friday, September 25, 2009**. Please submit one application per student.

PLEASE PRINT LEGIBLY

Last Name _____ First Name _____

School _____ Grade _____ Teacher _____

Mailing Address _____
Street City Zip

Daytime Phone _____ Alternate Phone _____

Parent/Guardian Name _____

Does your student receive any Special Services (RSP, Speech, SDC, etc.)? _____

Please one:

- I have been informed of my choices and **do not** want to participate in Supplemental Educational Services.
- As the parent/guardian of this student, I have selected the following agency/provider to provide tutorial support:

1ST CHOICE AGENCY/PROVIDER _____

2ND CHOICE AGENCY/PROVIDER _____

I understand that:

1. My student will regularly attend the tutoring program.
2. Tutorial services will terminate on 6/30/10 or when my student has utilized the \$1,281.73 allocated for his/her services support, whichever comes first.
3. Any transportation costs to and from the provider's location are my responsibility.
4. I must attend a meeting with a representative of the agency/provider and the school's representative to establish goals for my student.
5. In the event services with my first choice agency/provider are not satisfactory, I exercise my right to cancel and contract with my second choice agency/provider.
6. I authorize Fontana Unified School District to share the following information with my **selected** providers listed above: My name and my child's name, address and phone numbers; some of my child's academic information (such as test scores, grades, and/or subject matter assessments; for students with disabilities, IEP or 504 plan goals).

Parent Signature _____

Date _____

OFFICE USE ONLY

Date Stamp

State ID No. (10-digits) _____

Student Number _____

LEP Student Y N

Special Ed. Y N

Ethnicity _____