



# FONTANA UNIFIED SCHOOL DISTRICT

## 2010-11 Web Application for Supplemental Educational Services (SES)

Please complete the following information. Read the agreement statement, sign and date this Application for SES. Return this form to the school office by **Monday, June 7, 2010**. 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:

1<sup>ST</sup> CHOICE AGENCY/PROVIDER \_\_\_\_\_

2<sup>ND</sup> CHOICE AGENCY/PROVIDER \_\_\_\_\_

I understand that:

1. My student will regularly attend the tutoring program;
2. Tutorial services will terminate on 6/30/11 or when my student has utilized the \$1,360.23 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

Hm Language \_\_\_\_\_