

Pleasant Ridge Union School District

Supplemental Educational Services Tutoring

2013-2014 Request for SES Tutoring Services

Services may not begin until this form is returned **AND** a parent attends the goal-setting meeting with the select provider and signs the contract for service agreement.

RETURN to the school office by Monday March 31, 2014

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|--------------------------------------|--------------------------------|
| Student Name (Please PRINT): | Date of Birth: |
| | Age: |
| Grade: | |
| Parent's Name (Please PRINT): | Home Phone Number: |
| | Work or Cell Number: |
| Home Mailing Address: | Emergency Contact Name: |
| | Emergency Phone Number: |

_____ **Yes, I would like my child to participate in the SES Tutoring. I have selected the following providers for my child's Supplemental Education Services Tutoring:**

First Choice _____

Second Choice _____

Third Choice _____

I understand that:

1. My child must attend regularly. Students with poor or irregular attendance will be dropped from SES tutoring.
2. PRUSD will pay selected providers up to the 2013-2014 allocation.
3. If my child fails to make progress, I may cancel and select another provider, while not exceeding the total SES allocation.
4. Tutoring will terminate at the end of the school year OR when the total yearly allocation has been reached, whichever comes first.
5. I must attend a meeting with my selected provider to review the academic goals for my student and sign the contract for service agreement before SES services may begin.

Parent/Guardian Signature

Date

Please return this form to your school's office