

ROWLAND UNIFIED SCHOOL DISTRICT

Office of Special Projects/GATE

Parent Request for Supplementary Educational Services Form

Student's Name: _____ Phone # _____

Student's Address: _____

Home School: _____ Grade (circle) K 1 2 3 4 5 6

As the parent/guardian of this student, I have selected the following agency/provider to provide tutorial support:

First Choice: _____

Second Choice: _____

Third Choice: _____

I understand that:

1. My student must regularly attend the program. If he/she is consistently absent, my student will be dropped from the program.
2. The district is only obligated to pay up to \$1,198.09 for services I have selected.
3. If I cancel the service with the provider during the current school year, I will be allowed to select another provider up to the total allocation per student.
4. Tutorial services will terminate on April 1, 2011 or until my student has utilized the funds for his/her tutorial, support, whichever comes first.
5. Any transportation costs to and from the tutors/supplemental services provider's locations are the responsibility of the parent.
6. I must attend a meeting with a representative of the agency/provider and the school's representative to establish goals for my student.

If the number of eligible students who apply for the SES program exceeds the financial resources available, the lowest achieving students from low income families will receive SES first.

Parent Signature

Date

Must be postmarked or returned by November 29, 2010 to:

**Rowland Unified School District
Office of Special Projects/GATE
1830 S. Nogales Street
Rowland Heights, CA 91748**

