

BARROW COUNTY SCHOOLS

REQUEST FOR SUPPLEMENTAL EDUCATIONAL SERVICES

School Year 2011-2012
Second Enrollment Period

This form must be received by Shannon Hammond on or before February 3, 2012.
Please mail or hand deliver to 179 West Athens Street, Winder, Georgia, 30680 or fax to 770-307-1266.

Student Name: Age: Gender:
Address: City: Zip:
School: Apalachee HS [] Winder-Barrow HS [] Current grade level:
My child needs tutoring the following area:
Reading/English/LangArts [] Math [] Science [] Social Studies []

I am requesting supplemental educational services (free tutoring) for the student named above. I understand that students will receive services in rank order based on free/reduced meal eligibility and student achievement data. I have been informed and understand that the school district cannot at this time guarantee that the requested provider can or will provide the requested services, although the district will make every effort to honor my request. If my first choice provider is unable to provide services, my child will automatically be placed with the second or third choice provider listed below. If my child cannot be placed with one of my preferred SES providers, school district personnel will contact me to help me select another provider. I understand that the school district is not responsible for providing transportation to and from these services. I also understand that the amount of money the school district may spend on supplemental educational services for any student during the current school year is limited by law to \$1158. I authorize the school district to release my child's assessment data to the selected provider in an effort to assist them in developing a tutorial program that addresses the specific needs of my child.

REQUESTED PROVIDER: (Selected from list of state approved providers)

First Choice: _____

Second Choice: _____

Third Choice: _____

Parent Name (PRINT): _____

Parent Signature : _____ Date: _____

Phone #1: () Phone #2: ()

Email: _____

DISTRICT USE ONLY

Date received _____
Limited English Proficiency (LEP) []
Students with Disabilities (SWD) []
Eligible for Free/Reduced Meals: Yes [] No []
Math [] Reading [] English/Language Arts []
Science [] Social Studies []
Approved [] Not Approved []