

Alton Community Unit School District #11
Supplemental Education Services Application

Parent/Guardian: In order for your child to be eligible to receive Supplemental Educational Services (SES), he/she must come from a low-income family and attend a Title I school identified to offer SES. As there are a limited number of spaces available in the SES program, the district cannot guarantee that all students will be able to participate. Please review the provider information. If you need assistance in selecting a provider, you may consult with your child's school or with the providers. Once you have decided on a provider for your child, please complete the following information:

School Name: _____

Student Name: _____ Grade:

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Student SIS Number: _____
(School use only)

Check if the student receives either of the following services: English Language Learner Special Education

SES Provider Requested: (See provider list)

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Parent Contact information:

Parent/Guardian Name: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

I understand that the district will enter into an agreement with the provider, and I will be notified of a time to meet with the provider to set goals for my student. I understand that the district will regularly inform me and the student's teacher(s) of the student's progress. I will sign and return an individual learning plan for my student and a parent survey sent to me by the provider at the conclusion of services. I understand that if funds are insufficient to cover the supplemental educational services for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.

I give permission to the school district and the Illinois State Board of Education to disclose pertinent information included in this form about my child to the service provider. Information shall be limited to what is needed to operate the SES Program. Information concerning the identity of students receiving SES shall not be disclosed to the public without the permission of the parent/guardian of the student. The confidentiality of all student records shall be maintained in the compliance with applicable state and federal laws.

By signing below, I also grant permission for my child named above to receive Supplemental Educational Services from the provider listed above.

Signature of Parent/Guardian

Date

Please mail or fax completed form to: SES
1854 East Broadway, Alton, IL 62002
Telephone: (618) 474-2600
Fax: (618) 463-2126