

# Supplemental Educational Services

Complete the form below if you want services and return by September 9<sup>th</sup>.

I have reviewed the information about the SES/tutoring providers that are approved by the Missouri Department of Elementary and Secondary Education. I want my child to receive this tutoring.

Child's name \_\_\_\_\_ Grade \_\_\_\_\_

My choices are:

1st Choice Name of provider: \_\_\_\_\_

2nd Choice Name of provider: \_\_\_\_\_

3rd Choice Name of provider: \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_ Date \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Please remove lower section to keep for you records.



## PARENT RECORD OF SES PROVIDER SELECTION

My choices are:

1st Choice Name of provider: \_\_\_\_\_

2nd Choice Name of provider: \_\_\_\_\_

3rd Choice Name of provider: \_\_\_\_\_

I returned to Gordon Parks School on (Date) \_\_\_\_\_