



*STATE OF LOUISIANA*  
**DEPARTMENT OF EDUCATION**  
**RECOVERY SCHOOL DISTRICT**  
 1641 POLAND AVE., NEW ORLEANS, LA 70117  
 (504) 373-6200 • www.rsdl.net



PARENT REQUEST FOR SUPPLEMENTAL EDUCATION SERVICES

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Please Print)

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_ Student I. D. Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Additional Phone number: \_\_\_\_\_

\_\_\_\_\_ Yes, I am interested in SES for my child.

As the parent/guardian of this student, I understand that some of the providers listed may or may not offer services on my child's campus, so I have ranked the providers to provide tutorial support. I understand that my child will be placed in my first choice based on the criteria of: 1) Free/Reduced Lunch, 2) Lowest test scores, 3) Availability of space for the Provider. I understand that all students who apply may or may not be accepted for enrollment due to the federal guidelines listed above.

**1<sup>st</sup> Choice** \_\_\_\_\_ **2<sup>nd</sup> Choice** \_\_\_\_\_

If your child needs transportation please check and indicate the address.

\_\_\_\_\_ My child needs transportation. Address: \_\_\_\_\_

I understand that:

1. The district is obligated to pay only up to the state's per pupil allotment for the 2009-10 school year for the services I have selected. Services will end for my student when that amount is reached. If I want my student to get services beyond that amount, I understand that I will have to pay for them myself.
2. Tutorial services will terminate on April 10, 2010 or when my child has utilized the predetermined amount allocated for his/her support services, whichever comes first.
3. I must attend a meeting with a representative of the provider and the school's representative to establish goals for my student.
4. I must ensure that my child attends the program regularly.
5. I must ensure that my child follows the rules and regulations of the program or my child will no longer be allowed to attend the tutoring sessions.
6. In signing my child up for SES Tutoring, I give permission for the District to give educational and demographic information to the provider.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*To be eligible for services, this form must be returned by Monday, November 16, 2009 to Mrs. Janice Watson at Recovery School District**

Office Use: M: \_\_\_\_\_ E: \_\_\_\_\_ SS: \_\_\_\_\_ Lunch: \_\_\_\_\_