

**2011-2012
Charlotte County Public Schools Title I
Supplemental Educational Services**

Parent's Service Selection Form

Please Print

Student Name: _____
School: _____
Grade: _____ Classroom Teacher: _____
<u>Provider Selected:</u> 1 st Choice _____
(Write the name 2 nd Choice _____
of the company.) 3 rd Choice _____
<input type="checkbox"/> NO - I do not want SES tutoring services at this time. _____ Date

Please Print:

Parent/Guardian Name: _____

Home Address: _____

Home Telephone: _____ **Work Telephone:** _____

E-mail Address: _____

Home Language: _____

I hereby authorize Charlotte County Public Schools and the provider to release to each other educational or medical information, concerning my child for the purpose of providing effective Supplemental Educational Services.	
_____ (Parent Signature)	_____ (Date)

- **Please complete and return to your child's teacher.**
- **You will be contacted by a provider once this enrollment form has been processed by the District Title I Office.**
- **Your child must attend a Title I school and be eligible for Free and Reduced Lunch to receive SES services.**