

**Parent Request for Supplemental Educational Services**  
**Warren Eastside Elementary School and Warren Middle School**

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent/Guardian:

Under the *No Child Left Behind Act*, our school has been identified as not making Adequate Yearly Progress (AYP) for three or more consecutive years. This status requires that Supplemental Educational Services (SES) be offered to eligible students.

Your child is currently eligible to receive supplemental educational services (SES). You may select from the options listed below OR you may request assistance from the school to help you make a choice. You may **attend a meeting on SES at Eastside Elementary School 2/3 cafeteria at 6:00 P.M. on Monday, August 24, 2009, or at Warren Middle School cafeteria at 5:00 P.M. on Monday, August 24, 2009.** Please bring this form with you if you choose to attend one of the SES assistance sessions.

**Please complete the section below and return the entire form by October 1, 2009, to your child's school office. Deadline for participating in the spring semester only is January 6, 2010.**

I have selected the following option:

\_\_\_\_\_ I do not wish to enroll my child in supplemental educational services (SES).

\_\_\_\_\_ I wish to enroll my child in the SES offered by: *(Write name of state-approved supplemental service provider that you select from list provided with this letter. Please remember that if the minimum number of students required by the provider do not choose a provider, your selection will move to the next choice.)*

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

By enrolling my child with the SES provider listed above, I understand that :

1. The district is obligated to pay only **up to \$1371.98 total for the 2009-2010 school year to the service provider** I have selected. Services will end for my student when that amount is reached.
2. My student must regularly attend the program. If he/she exceeds the allowed absences, my student will be dropped from the program.
3. The Warren School District does **not** provide transportation to or from the SES services.
4. I must attend a meeting with a representative of the SES provider and the school's representative to establish goals for my student.
5. I give my permission for Warren School District to release relevant academic information on my child to the above listed provider.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Parent/Guardian: Please complete and return the entire form by October 1, 2009, to your child's school office. Failure to return the entire form by October 1, 2009, will indicate your choice not to participate in SES.**  
Enrollment deadline for the spring semester is **January 6, 2010.**