

Complete the information below and **return** this form to the Tqm'Of f'rg'Uej qqn'office **by ; 184233.**

Supplemental Educational Services (SES) Provider Selection Form

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

School Name _____

Child's Name _____ Age _____

Teacher's Name _____ Grade _____

My choices for SES are:

1st Choice Name of provider _____

2nd Choice Name of provider _____

3rd Choice Name of provider _____

Parent/Guardian Name (printed) _____

Home Phone # _____ Work Phone # _____

Parent/Guardian Signature _____

Date _____

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### **PARENT RECORD of SES PROVIDER SELECTION**

My choices for SES are:

1<sup>st</sup> Choice      Name of provider \_\_\_\_\_

2<sup>nd</sup> Choice      Name of provider \_\_\_\_\_

3<sup>rd</sup> Choice      Name of provider \_\_\_\_\_

I returned to \_\_\_\_\_ on

(Date) \_\_\_\_\_

**Parents -- Keep this for your record.**