



TANGIPAHOA PARISH SCHOOL SYSTEM

TITLE 1 RESOURCE CENTER

500 EAST PINE STREET • AMITE, LOUISIANA 70422

TELEPHONE: (985) 748-2470 • FAX # (985) 748-4928

MARK KOLWE
Superintendent

DEBORAH FORSHAG
Director of Federal Programs

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.

Providers:

- All About Education
- FDDOC
- MTS Tutorial Service, Inc.
- Sylvan Learning Center
- The Achievement Academy
- Training Connection, Inc.
- Tutors with Computers (Not on school campus)

1st Choice _____ 2nd Choice _____ 3rd Choice _____

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

_____ My child needs transportation. **Bus Address:** _____

I understand that:

1. The district is obligated to pay only up to the state's per pupil allotment for the 2011-12 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 March 22, 2012 or when my student 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 Friday, January 20, 2012, to Mrs. Theresa D. Hamilton at Title 1 Resource Center 500 East Pine Street Amite, LA 70422.******