



Student Name:
Address:
City, CA, Zip:

School:
Grade:
Student ID #:

Help your child succeed in school—sign up for free tutoring!

Dear Parent/Guardian,

Your child’s school has been identified for Program Improvement (PI) because your child has not made Adequate Yearly Progress (AYP) on state measures of academic achievement for at least two years. As a result, a free tutoring program called Supplemental Educational Services (SES) is available for your child.

If you would like your child to receive free tutoring services: review the enclosed list of providers, write in the number of the provider you want your child to work with, review conditions 1-6 below and sign at the bottom. Return this form to your child’s main office by **November 13, 2015**. Once the application deadline has passed, the district will process all applications. Providers will contact parents whose children are authorized for service. If you do not receive contact from any provider, your student will not receive services this school year. Tutoring will begin in early February 2016 unless the federal Department of Education approves California’s waiver to be exempt from the SES requirement. In that case, the district will need to reassess the situation, and that may result in a termination or alteration of the SES program.

Only students enrolled in eligible schools (Bayview, Gault, Delaveaga, Branciforte, Mission Hill, and Harbor), AND qualify for free or reduced lunches, AND meet academic criteria are eligible for SES tutoring.

By signing below, I understand that:

1. Due to funding limits or lack of available space in the programs, not all students may be able to receive services. Students who are eligible for and apply for services will be ranked in order of greatest academic need in determining who will receive services. My child may not receive services if funding and space are not available for all eligible students.
2. My child must regularly attend the program. If he/she is consistently absent, my child will be dropped from the program.
3. Once I have selected and my child has been approved for a provider, he/she will have to remain with that provider until services are completed.
4. Any transportation costs to and from the tutor/supplemental service provider’s location are the responsibility of the parent.
5. I must attend a meeting with a representative of the provider to develop and sign the Individual Supplemental Services Agreement for my child.
6. I hereby authorize the school/district personnel to release my child’s information to the tutoring provider. By signing this form, I am authorizing release of contact information as well as release of student academic records to the state-approved provider I selected above.

I would like my child to work with Provider Number: _____

Parent/Guardian Signature

Date

For more information, please contact Eric Gross, Director of Academic Equity and Categorical Programs at 831-429-3410 Ext. 242