

# Silvis School District #34

## Supplemental Education Services Application

Parent/Guardian: In order for your child to be eligible to receive Supplemental Educational Services (SES), he/she must come from a low-income family and attend a Title I school identified to offer SES. If you need assistance in selecting a provider, you may consult with your child's school or with the providers. Once you have decided on a provider for your child, please complete the following information:

Student Name: \_\_\_\_\_ Grade:  K/1  2/3  4/5

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check if the student receives either of the following services:  ELL  IDEA (Special Education)

---

SES Provider Requested (write the complete name of the requested provider service):

(See provider descriptors which are attached to this application.)

Choice 1 \_\_\_\_\_

Choice 2 \_\_\_\_\_

Choice 3 \_\_\_\_\_

Choice 4 \_\_\_\_\_

Choice 5 \_\_\_\_\_

**\* Please note that the school district will NOT be providing transportation for these services.**

---

Parent Contact Information:

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone number: \_\_\_\_\_

I understand that the district will enter into an agreement with the provider, and I will be notified of a time to meet with the provider to set goals for my student. I understand that the district will regularly inform me and the student's teacher(s) of the student's progress. I will sign and return an individual learning plan for my student and a parent survey sent to me by the provider at the conclusion of services.

I give permission to the school district and the Illinois State Board of Education to disclose pertinent information included in this form about my child to the service provider. Information shall be limited to what is needed to operate the SES Program. Information concerning the identity of students receiving SES shall not be disclosed to the public with the permission of the parent/guardian of the student. The confidentiality of all student records shall be maintained in the compliance with applicable state and federal laws.

By signing below, I also grant permission for my child named above to receive Supplemental Educational Services from the provider listed above.

---

Signature of Parent/ Guardian

---

Date