



Dallas Independent School District

No Child Left Behind

Supplemental Educational Services (SES)
2008 – 2009 Enrollment Form

• Send Original to AYP Office—
Room 205, Admin. Bldg.
• Retain Copy for Your Files

Free Tutoring!

Parent please complete the following SES Enrollment Form and return it to the **main office** at your child's school.

STUDENT INFORMATION

Please **PRINT** the following information. Providers will also use this information to contact you for services.

Full Name: _____
Last First Middle

Ethnicity/Race: _____ Gender: Male Female Date of Birth: _____
Month/Day/Year

Current School: _____ Student ID #: _____ Grade: _____

Home Address: _____
City Zip Code Apartment/Unit #

Home Telephone #: _____ Work/Mobile Phone #: _____ Email Address: _____

SERVICES REQUESTED AND PROVIDER SELECTION

Which subject area does your child need free tutoring services? Reading/Writing Mathematics Science (with Reading or Math focus— Check focus)

According to **No Child Left Behind**, your child may be eligible to receive additional educational support services. Please review carefully the list of available providers and the guidelines below for this program. If you choose to enroll your child in this program, please complete this application and return to your child's school.

1st Choice – Provider Name: _____ (2nd Choice will automatically be given if the 1st choice is not available.)

2nd Choice – Provider Name: _____ (3rd Choice will automatically be given if the 2nd choice is not available.)

3rd Choice – Provider Name: _____ Yes, I want a 4th choice randomly selected if my 3rd choice is not available.

PARENTAL CONSENT

This enrollment form is NOT valid unless it has been signed by the parent/guardian. Your signature gives consent to Dallas ISD to share with your selected SES Providers educational records that relate to your child's academic achievement. This includes your child's eligibility for the free or reduced meal program.

Please initial the following items: I understand that—

- _____ 1. Dallas ISD will pay up to \$1,575.00 to my selected provider.
- _____ 2. Services for my child will end when this amount has been reached or no later than May 22, 2009.
- _____ 3. Should I wish to continue these services when this amount is reached, I will be responsible for any amount exceeding \$1,575.00. These funds are not transferable.
- _____ 4. Attendance is important. If my child is absent from more than 3 sessions, he/she may be dropped from the program.
- _____ 5. Transportation to and from this Supplemental Educational Service provider will be my responsibility.
- _____ 6. If I cancel the service with this provider during the current school year, my child may be able to receive tutorial services from his school.
- _____ 7. **Enrollment forms will only be accepted during the open-enrollment periods as set forth by the Dallas ISD SES department.**

Feel free to contact the Principal / Designee at your child's school for the open-enrollment periods and if further assistance is needed.

My signature indicates my understanding and acceptance of the SES guidelines indicated above.

Parent's/
Guardian's Signature: _____ Date: _____

PLEASE PRINT NAME

Do not write below this line.

FOR DALLAS ISD USE ONLY

Form received from: <input type="checkbox"/> Provider <input type="checkbox"/> Campus <input type="checkbox"/> Parent Name: _____	Enrollment form reviewed and/or returned by: Name _____	Enrollment form <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete Date Returned to Submitter: _____
Eligibility: <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible Date _____	Received: <input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice <input type="checkbox"/> 3 rd Choice	Notes: _____
<input type="checkbox"/> Form entered in EZ SES by _____ Date Entered _____	SLP: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected Date _____ <input type="checkbox"/> Re-Approved in EZ SES Date: _____	SLP: <input type="checkbox"/> Hardcopy Rec'd Date: _____ <input type="checkbox"/> Missing Sign./Attempts <input type="checkbox"/> Complete & Filed Date Returned: _____ Date Filed: _____
<input type="checkbox"/> Student already enrolled / assigned to provider: _____	<input type="checkbox"/> Process Comp. & Form Filed Date: _____	
PCSLPA form: <input type="checkbox"/> Date Rec'd _____ <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete & Returned <input type="checkbox"/> Date Rec'd _____		