

**GRANITE CITY SCHOOL DISTRICT #9
SUPPLEMENTAL EDUCATION SERVICES APPLICATION**

DEADLINE – DECEMBER 6, 2013 – Return to your child's school office or the district office

Questions – call Elementary Education Office, 618-451-5800 ext. 2026 or email nancy.levault@gcsd9.net

Parent/Guardian: In order for your child to be eligible to receive Supplemental Educational Service (SES), he/she must come from low-income family and attend a Title I school identified to offer SES. As there are a limited number of spaces available in the SES program the district cannot guarantee that all students will be able to participate. Please review the provider information. If you need assistance in selecting a provider, you may consult with SES Coordinator at 618-451-5800 ext. 2026. Once you have decided on a provider for your child, please complete the following information:

School Name (circle one) Frohardt Maryville Mitchell Prather Wilson Worthen

Student Name _____ Grade _____

Address _____ Date of Birth _____

Parent Contact Information:

Parent/Guardian Name: _____ Email Address: _____

Address _____ City _____ Zip _____

Daytime Phone Number _____ Evening Phone Number _____

SES Provider Requested: (See provider list attached) RETURN BY 9 AM – December 6, 2013. This deadline is final for this enrollment period. You may also return via mail to GCSD9, ATTN: SES Program, 1947 Adams, Granite City, IL 62040. Questions – call Elementary Education Office, 618-451-5800 ext. 2026 or email nancy.levault@gcsd9.net

First Choice _____ Second Choice _____

Third Choice _____ **YOU MUST GIVE THREE CHOICES PLEASE.**

My child will need transportation to and/or from the site of the SES program. ___ Yes ___ No

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 provider will regularly inform district, parents, and the student's teachers(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 the services. I understand that if funds are insufficient to cover the supplemental educational services for all of the students who chose to participate, participation will be based on prioritized academic need as defined by the district.

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 the students receiving SES shall not be disclosed to the public without the permission of the parent/guardian of the student. The confidentiality of all student records shall be maintained in 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 providers listed above.

Signature of Parent/Guardian

Date

OFFICE USE ONLY:

Student SIS Number _____

Provider Selected _____

Date Received _____

Date Approved _____

Check if student receives either of the following services: ___ IDEA (has an IEP) ___ ELL (English as a Second Language)

