



Application for Free SES Tutoring  
Orange County Schools, 2011-2012



Parent/Guardian of OCS Student: Please complete this form, front and back, clearly and neatly printing all information. Return the completed and signed form to the SES Contact or the front office at your child's school by Tuesday, January 17, 2012. Please note that only eligible students from the listed schools may receive free SES tutoring.

Central Elementary School and Efland – Cheeks Elementary School

_____ Student's Last Name	_____ First Name	_____ Grade	_____ Date of Birth
_____ Student's Address	_____ Apt	_____ City	_____ Zip code
_____ Phone Number	_____ School (Only those listed above are eligible)	_____ Teacher's Name	

Does your child receive (please check): EC services\_\_? English Language Learner Services\_\_? 504 Accommodations\_\_?

What is the primary language spoken at home?\_\_\_\_\_

Bus Transportation is not provided: Transportation home (please check): Car rider\_\_\_\_ Walker\_\_\_\_

_____ Parent/Guardian's Last Name	_____ First Name	_____ Relationship (mother, father, etc.)	
_____ Email	_____ Home Phone	_____ Work Phone	_____ Cell Phone

_____ Emergency Contact's Last Name	_____ First Name	_____ Relationship (grandmother, cousin, etc.)	
_____ Email	_____ Home Phone	_____ Work Phone	_____ Cell Phone

**EMERGENCY HEALTH INFORMATION (to be completed by parent or guardian)**

**IMPORTANT!** The well-being of your child is very important. The following information about your child will help us in the event of an emergency. Check and comment, if needed, on any serious condition(s) your child has:

Asthma/Breathing Problems		Heart Condition		Seizures		Diabetes	
Glasses or Contacts		Diagnosed Hearing Impairment		Hearing Aid or Hearing Device			
Allergies (What Kind?)							
Dietary Needs/Concerns							
Other Medical Conditions							
Does your child need special assistance or accommodations due to his/her health problems? (Describe)							
Does your child require medication to be given during the period of tutoring? (See below)							

*If medication is required, a completed prescription authorization form must be on file with the provider. The provider must keep medication in a secure location and keep a log of when medication is dispensed to student (date, time, person giving medication).*

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

**(YOU ARE NOT DONE YET! YOU MUST COMPLETE THE BACK SIDE, TOO.)**

Student's Name \_\_\_\_\_ OCS ID # \_\_\_\_\_

**This is one of the most important parts of the application.** All tutoring sessions will meet at your child's school. You must choose which provider you want to work with your child. Some providers work with your child in both reading **AND** math. Others only tutor in reading **OR** math. Please be sure you read the provider descriptions carefully and select the ones you think will best serve your child's academic needs.

**Because there is no guarantee that you will receive your first choice, please indicate 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>d</sup> choices from those listed below and described in the brochure. Three different choices must be listed.**

During the 2011-12 school year, I am requesting that my child receive Supplemental Educational Services, if eligible.

<b><u>Please write Providers' names below:</u></b>	
<b>1<sup>st</sup> Choice:</b>	
<b>2<sup>nd</sup> Choice:</b>	
<b>3<sup>rd</sup> Choice:</b>	

**LIST OF PROVIDERS**

Academic Achievers/S & L Consultants	Academic Enrichment Services	Accelerated Achievement at Measurement, Inc	Capitol Educational Support
L&U Consultants (Learning and You)			

***You will be notified in writing whether your child qualifies for services and will be enrolled in the Supplemental Educational Services Program. Children who qualify for free/reduced lunch are eligible to receive SES tutoring. A letter will be sent to you by January 23, 2012.***

**A separate form must be filled out for each child in your family.**

**Parent Release of Information**

I understand that by completing this form, I am requesting that my child receive Supplemental Educational Services. It **does not guarantee** that my child is eligible for or will receive free tutoring.

I give permission for the release of my child's education records, including Individualized Education Plan or 504 Plan, and all other pertinent information to the provider selected to provide tutoring for my child. This information is for educational purposes only. I understand that this Provider has agreed to maintain the confidentiality of my child's educational records and directory information. I understand the responsibilities of OCS, the SES provider, the student, and parents in the successful delivery of these services.

**I understand that transportation is not provided by Orange County Schools.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**