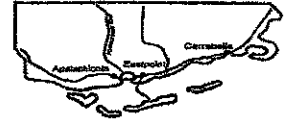




Nina M. Marks
Superintendent

Franklin County Schools

Administrative Offices
155 Avenue E
Apalachicola, Florida 32320
Phone (850) 653-8831 Fax (850) 653-8984
www.franklincountyschools.org



Working Together
Making A Difference

August 13, 2009

Dear Parents:

As part of our efforts to improve student achievement, the Franklin County School District, is offering supplemental education services for all eligible students for our Title I schools.

The purpose of this letter is to inform you that your child(ren) is eligible to receive supplemental education services, which is free tutoring or additional academic help for your child(ren) provided outside the regular school day.

The State approved providers that showed an interest in working with the Franklin County students are listed below. These providers will be present at the Franklin County SES Fair, to be held on Wednesday, September 2, 2009 from 12 noon until 6 PM in the Franklin County School Media Center. Please come and meet the providers and make a choice of which provider you would like your child to work with in order to maximize his/her education.

Should you have any questions please contact Nick O'Grady at the Franklin County School District office @ 670-2810.

1. ABC Appletree, Inc.
2. ADC Tutoring
3. ATS Project Success
4. Learning 4 Today LLC

Sincerely,

Nick O'Grady

Board Meets First Thursday After First Monday in Each Month

George Thompson
District 1

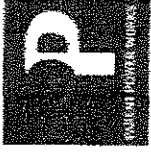
David Hinton
District 2

Teresa Ann Martin
District 3
Vice Chair

Jimmy Gander
District 4
Chair

Carlton Whaley
District 5

An Equal Opportunity Employer



CHOOSING AN SES PROVIDER

NOTE TO PARENTS: Use this form to help you choose tutoring services for your child. Ask providers these questions, and write their answers on this form to help you compare your options. If you would like help choosing a provider, contact your child's school or Deborah Huckeba, Title I Coordinator, Franklin County School Board, 670-8458.

Questions to Ask Providers	Provider Name:	Provider Name:	Provider Name:	Provider Name:
Where and when is tutoring?				
How many times per week? For how many weeks?				
Who tutors students? What are their qualifications?				
What subject areas are covered?				
How do I know that your services are effective?				
How would you inform me of my child's progress?				

Title I Supplemental Educational Services Tutoring

Student's Name: _____

Address: _____

School: _____

As the parent/guardian of this student, I have selected the following providers for tutorial services.

Selected Provider	1 st Choice	_____
	2 nd Choice	_____
	3 rd Choice	_____

I understand that:

1. My child must regularly attend the program.
2. I must provide my own transportation to and from the tutorial.
3. I am required to attend a meeting with a provider representative and the school's representative to establish goals for my child.
4. If I cancel the service with this provider during the current school year, I will not be allowed to select another provider.
5. The school will give the provider I choose my child's information which includes telephone numbers, address and academic information.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Telephone Number

Franklin County District Schools Student Residency Questionnaire

This survey is intended to address the requirements of the McKinney-Vento Act (Title X, Part C of the No Child Left Behind Act), Title I Part A, and/or Title I Part C-Migrant. The answers to questions below will assist us in determining if your student may qualify for additional educational support services.

Name of School: _____
 Name of Student: _____ Sex: M F
 Birthdate: _____ Age: _____ Social Security Number: _____

1. Where are you and/or your family currently staying? Check one box.

SECTION A:

Rent/own our own home.

STOP: If you rent/own your own home, sign under item 4 and submit form to school personnel.

SECTION B:

Temporarily sharing the housing of others due to loss of housing, economic hardship or similar reason; doubled-up.

With an adult that is not a parent or legal guardian, or alone without an adult.

Temporarily living in a hotel/motel due to loss of housing, economic hardship or lack of alternate accommodations.

In a vehicle, trailer park or campground without running water/electricity, abandoned building, substandard housing, or any public space not ordinarily used as regular sleeping accommodation, etc.

Staying in an emergency/transitional shelter or FEMA trailer

A student in my home is awaiting foster care placement

Code:

B

Unice Yth-
Y or N

E

D

A

A

2. Have you moved in the past 3 years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? Check one: Yes No

3. If you checked a box in section B, your student may be eligible for additional educational services through the Title I, Part A / Part C-Migrant, or Title X, Part C-Federal McKinney-Vento Assistance Act.

Please list the names of any other students in your household enrolled in school (PK – Grade 12) or adult school:

Student Name	SS#	M/F	DOB	Grade	School Name

4. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name or Responsible Adult Caring for Student _____ Signature _____ Date _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Based on the above information and a brief interview with this family (where applicable), I attest that to the best of my knowledge they are eligible for benefits under the McKinney-Vento Act and/or Title 1 Part A/C:

Print School Contact _____ Title _____ Phone _____ Signature (required) _____ Date _____