

Franklin County District Schools
Title I Supplemental Educational Tutoring Services (SES)
Student Application for 2011-2012

Student Name: _____

Parent/Guardian Name: _____

Address: _____ City: _____

Phone Number(s): _____

School: _____

Teacher: _____ Grade: _____

As the parent/guardian of this student, **I have selected the following Providers for tutoring services:**

1st Choice _____

2nd Choice _____

3rd Choice _____

ALL THREE CHOICES MUST BE FILLED IN.

I understand that:

1. My child must attend the program regularly.
2. I must provide transportation from the tutorial site.
3. I am required to attend a meeting with the school and provider to set goals for my child.
4. The school will give the Provider the above information and my child's academic information.

PLEASE RETURN YOUR APPLICATION TO YOUR CHILD'S SCHOOL: MRS. PATTY CREAMER-FCS

MRS. ELIZABETH KIRVIN-ABC

Parent Signature

Date