



PROVIDER SELECTION FORM
SUPPLEMENTAL EDUCATION SERVICES
2011-2012

Student Name: _____

Fill in the choice you are making for your child:

- I am satisfied with my child's Academic Improvement Plan and the services he/she is receiving during the regular school day in the Fayetteville Schools. My child **WILL NOT** participate in the Arkansas SES program as described.
- I want my child to enroll in an intervention and remediation program outside of Fayetteville Schools and outside of the regular school day. My child **WILL** participate in the Arkansas SES program.

*If you marked above that your child **WILL** participate in the Arkansas SES Program, please select your 1st and 2nd choices of providers from the list attached. Also, read the bullet points and sign that you understand and agree to the stipulations listed.*

1st Choice Arkansas Provider Name:

2nd Choice Arkansas Provider Name:

- I understand I will be responsible for providing transportation to and from the SES tutoring program, and that the SES tutoring program may not be located at the school and will not be run by the school.
- I understand I will be responsible for providing a computer and internet access if the service selected requires these.
- I understand this enrollment form allows permission for the Fayetteville School District to release pertinent information, including that restricted by FERPA to the chosen provider.
- I understand my child will be required to attend on a regular basis and to complete the work or be dropped from the SES tutoring program.
- I understand the district will enter into a contract with the provider, and I will be notified of a time to meet the provider to set goals for my child and receive information.
- I understand that if funds are insufficient to cover the supplemental education services for all students who choose to participate, participation will be based on prioritization academic need as defined by the district.
- The enrollment period for the 2011-2012 school year will be September 1-October 15, 2011 only.

Printed name of parent/guardian

Daytime phone number

Signature of parent/guardian

Evening phone number

Date

**RETURN BY October 15, 2011 TO: Mike Mason, Principal Holt Middle School 2365 N. Ruppel Rd.
Fayetteville, AR 72704**

