

This Application is due by 3:00 p.m. Friday, October 23, 2015, to your child's school office.

**Santee School District**  
**2015-2016 NCLB Supplemental Educational Services (SES)**  
**TUTORING APPLICATION**

***All Student and Provider information MUST be completed for application to be considered.***

**Applications are accepted only for the schools indicated:**

Chet F. Harritt School                       PRIDE Academy at Prospect Avenue School

Child's current grade level:

K             1<sup>st</sup>             2<sup>nd</sup>             3<sup>rd</sup>             4<sup>th</sup>             5<sup>th</sup>             6<sup>th</sup>             7<sup>th</sup>             8<sup>th</sup>

Teacher: \_\_\_\_\_

Student's Last Name:	Student's First Name:
Student's Address (apt#):	Parent/Guardian Name:
Student's City:	Parent/Guardian Home Phone:
Student's Zip Code:	Parent/Guardian Cell Phone:

<b>Selection of SES Provider</b>	
<b>(select two Providers from Column A of the SES Provider List accompanying this application)</b>	
<b>First Choice for Provider</b>	<b>Second Choice for Provider</b>
(indicate Provider Name from SES Provider List, column A)	(indicate Provider Name from SES Provider List, column A)
<p>By selecting a Provider, I understand that Santee School District may share information regarding my child's academic records, grade level and English language status as appropriate. I understand that the Provider will use the information for legitimate interests only and that the information will not be further communicated to any other party or agency without my written consent.</p> <p>By signing below, I acknowledge that I have reviewed the statement above and understand the process of selecting a Supplemental Educational Services Provider for my child. I agree to meet with the Provider(s) I have indicated above to discuss and approve a District-designed Student Learning Plan appropriate for my child. The District does not provide transportation to the Provider's locations.</p>	
<b>Parent/Guardian's Printed Name:</b>	
<b>Parent/Guardian's Signature:</b>	<b>DATE:</b>

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STAFF USE ONLY:					
2014 CELDT	<input type="checkbox"/> (1) B	<input type="checkbox"/> (2) EI	<input type="checkbox"/> (3) I	<input type="checkbox"/> (4) EA	<input type="checkbox"/> (5) A
2015 CAASPP ELA	<input type="checkbox"/> (1) SNM	<input type="checkbox"/> (2) AS	<input type="checkbox"/> (3) SM	<input type="checkbox"/> (4) SE	
2015 CAASPP Math	<input type="checkbox"/> (1) SNM	<input type="checkbox"/> (2) AS	<input type="checkbox"/> (3) SM	<input type="checkbox"/> (4) SE	