

Havre Public Schools

Parent Request for Supplemental Educational Services

Name of Student: _____ **Date:** _____

Name of Parent: _____ **School:** _____

Dear Parent/Guardian:

Your child is enrolled in a school that has not made Adequate Yearly Progress (AYP) for three or more consecutive years. Your child may be eligible to receive free supplemental educational services from a state approved provider. Priority is given to children from low-income families who are in greatest need of academic tutoring. Attached is a list of providers that have been approved by the state and are reasonably close to the school or accessible through technology. Please complete the section below and return the entire form in the stamped return envelope provided. Please use a separate form for each child for whom you are requesting supplemental services.

Parent/Guardian: Please complete the section below and return the entire form.

I understand that my child may be able to participate in free academic tutoring before or after the normal school day. Based on this information, I have selected the following options:

_____ I wish to enroll my child in the services offered by the following provider from the attached list:

_____ I will require assistance from the school to help me make a choice. Please contact me at the phone number and/or email address listed below.

Signature of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

OFFICE USE ONLY			
Student ID#	Date Distributed	Date Received	