



Grant Community High School District 124

285 East Grand Avenue, Fox Lake, Illinois 60020

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John N. Benedetti, Ed.D.
Superintendent

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Assistant Superintendent

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SES PROVIDER SELECTION FORM REQUEST FOR SUPPLEMENTAL EDUCATIONAL SERVICES

Student's Name _____ Date _____

GCHS ID Number: _____ Year in School: 9 10 11 12

As the parent/guardian of this student, I have selected the following agency/provider to provide tutorial support:

1st Choice _____

2nd Choice _____

3rd Choice _____

I understand that:

1. My choice(s) may not be available if there are not enough requests in our district to meet the provider's minimum number of student participation.
2. **The district is obligated to pay only up to \$953.16 for the 2011-12 school year for the services selected. Services will end for my student when that amount is reached. If I want my student to get services beyond that amount, I understand that I will have to pay for them myself.**
3. My child must regularly attend the program.
4. Tutorial services will end by the end of the school year or when my student has utilized the amount allocated for his/her services support, whichever comes first.
5. Any transportation costs to and from the provider's location are my responsibility.
6. I must attend a meeting with a representative of the agency/provider and the school's representative to establish goals for my student.
7. If I cancel the service with this provider during the current school year, I will not be allowed to select another provider for this school year.
8. Grant Community High School District 124 has my permission to disclose to the provider all of the information included on this page, including my child's name, my name, date of birth, IEP goals, and telephone number. I also give my permission for Grant High School District 124 to fax my completed SES Request Form to the providers.

I do not want my child to receive Supplemental Education Services.

Parent/Guardian name (print): _____

Parent/Guardian signature: _____ Date: _____

DEADLINE: PLEASE RETURN THIS FORM TO US NO LATER THAN FRIDAY, NOVEMBER 11TH. YOUR CHILD WILL NOT BE ABLE TO RECEIVE SERVICES AT THIS TIME IF YOU MISS THIS DEADLINE.