

Houston Independent School District
Supplemental Educational Services (SES)
2007-2008 Enrollment Form

Free Tutoring

Please complete the following SES Enrollment Form and return it to the main office at your child's school.

STUDENT INFORMATION

Please PRINT the following information.

Full Name: _____
Last First M.I.

Student ID#: _____ Gender: Male Female Date of Birth: _____
month/day/year

Current School: _____ Grade: _____

Address: _____
Street Address Apartment/Unit #
City ZIP Code

Home Phone: () Work/Mobile Phone: ()

SERVICES REQUESTED AND PROVIDER SELECTION

To make a selection, please refer to the Approved SES Provider List that you received with your Parent Notification Letter. A copy of the list is also available in the main office at your child's school.

For which subject area does your child need free tutoring services? Reading Math Writing

1st Choice Provider: _____
(2nd Choice will automatically be given if the 1st Choice is not available.)

2nd Choice Provider: _____

NOTE: The selected SES Provider must conduct a required parent consultation before services can begin. During the consultation, the Student Individual Learning Plan must be completed and signed by the parent/guardian.

PARENTAL CONSENT

This enrollment form is NOT valid unless it has been signed by the parent/guardian. Your signature gives consent to HISD to share with your selected SES Provider educational records that relate to your child's academic achievement.

Parent's/Guardian's Name: _____
(PLEASE PRINT)

Parent's/Guardian's Signature: _____ Date: _____

Do not write below this line.

FOR HISD EXTERNAL FUNDING USE ONLY

1st Choice 2nd Choice Other: _____

Selected Provider _____
If "Other" contact the parent to discuss. Date Contacted: _____

Process Completed Initials: _____ Date Completed: _____
(Check "process completed" to indicate that this student has been entered into the SES database.)

