

**SUPPLEMENTAL EDUCATIONAL SERVICES
PROVIDER SELECTION FORM**

Student's Name (Printed)

Agora Cyber Charter School
School

2011-12
Academic Year

Check the Box that Applies:

My son/daughter WILL participate in the Supplemental Educational Services program as it is described in *No Child Left Behind*.

- I am selecting the state-approved provider from the list provided to me.

I select the following , 1st choice state-approved provider:

Provider's Name (Agency Name) _____.

Provider's address: _____.

Provider's contact name: _____.

2nd choice state-approved provider:

Provider's (Agency) Name _____.

Provider's address: _____.

Provider's contact name: _____.

- I understand that the district will enter into an agreement with the provider, and I will be notified of a time to meet with the provider to set goals for my student.
- I understand that the provider will regularly inform me and the student's teacher(s) of the student's progress.
- I understand that if funds are insufficient to cover the supplemental educational services for all of the students who choose to participate, participation will be prioritized on the basis of academic need as defined by Agora.
- I understand that this support is supplemental and in addition to required school work and classes.
- I understand that transportation is the responsibility of the parent/guardian. Costs associated with travel are not included.
- I understand that the deadline to use all SES tutoring hours is April 30, 2012, and therefore, I will schedule tutoring sessions appropriately in order to complete all hours by this deadline. (ex: 2-3 hours per week, more often if tutoring starts after December 2, 2011)
- I understand that non-attendance and/or non-compliance could result in the loss of this privilege.
- I understand that if at any time, while my student is enrolled in SES tutoring, I am unable to reach the provider or have any questions/concerns about the provider (tutor), I will contact Christine Durante via phone 610 230-2989 or kmail.
- I understand that tutoring is not permitted at home; it must take place in a public location.

My son/daughter WILL NOT participate this academic year in the Supplemental Educational Services program as it is described in *No Child Left Behind*.

(Signature of parent/guardian)

(Date)

(Printed name of parent/guardian)

(Daytime Telephone number)

(Evening Telephone number)