

**Calhoun County Schools**  
Supplementary Educational Services (SES) Free Tutoring 2009-2010  
SES ENROLLMENT FORM

**PLEASE PRINT**

F/R Code \_\_\_\_\_

ID \_\_\_\_\_  
For Office Use Only

Student Name \_\_\_\_\_  
FIRST LAST

Home Address \_\_\_\_\_ FL \_\_\_\_\_  
STREET CITY ZIP

Parent/Guardian Name \_\_\_\_\_  
FIRST LAST

Home Phone: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home Language \_\_\_\_\_ E-mail address \_\_\_\_\_

Is your child in the Exceptional Student Education (ESE) or 504 Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child in the English Language Learner (ELL) Program? Yes \_\_\_\_\_ No \_\_\_\_\_

**You will have an opportunity to choose a provider at the Provider Fair on August 21, 2009 at Blountstown Elementary School or you may turn in the attached form by September 4, 2009 to your child's school or to your child's homeroom teacher.**

**Choose three (3) tutoring providers from the SES Provider Directory for Calhoun County Schools.**

**1<sup>ST</sup> Choice** \_\_\_\_\_

**2<sup>ND</sup> Choice** \_\_\_\_\_

**3<sup>RD</sup> Choice** \_\_\_\_\_

**SIGN AND RETURN THIS FORM BY Friday, September 4, 2009**

I hereby authorize Calhoun County Schools, FL and the PROVIDER to release to each other educational or medical information concerning my child for the purpose of providing effective Supplemental Educational Services.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Please return this application to child's homeroom teacher or you may mail or hand deliver this application to Blountstown Elementary School, 20883 NE Fuller Warren Drive, Blountstown, FL 32424, 850-674-8169

**If you have any questions or concerns please call Vicki Davis, Assistant Superintendent at 850-674-8733 ext 22 or Jenny Hill, Special Services Assistant at 850-674-8734 ext 223.**

\_\_\_\_\_ **I do not want SES services for my child.**  
**Parent Signature and Date:** \_\_\_\_\_