Request for Supplemental Educational Services for Eligible Students and Parent Release Form
Union County Public Schools 2009-2010

For the 2009-2010 school year, I am requesting that my child receive Supplemental Educational Services (free tutoring) from: ***Please write Provider's name***

1st choice: ____ 2nd choice: ____

3rd choice: ____

__ __ __ __ __ __ __ __ __ __ __ Student Last Name

__ __ __ __ __ __ __ __ __ __ __ Student First Name

Month______ Date ______ Year_______ Student Date of Birth

__ __ __ __ __ __ __ __ Student ID number

_____________________________ Address (Include Apt. # or Lot #) _______________ City ___________ State _____________ Zip

_____________________ Phone Number _________________ Current School _________ Grade ______________ _______________ Teacher

Does this student have brothers or sisters that attend the same school? Yes No
If yes, please list their name(s) and grade(s).

1. _________________________ *Student's name and grade* 2. _________________________ *Student's name and grade* 3. _________________________ *Student's name and grade*

Do you plan to enroll these children in the free tutoring program? Yes No
You must fill out a separate form for each child you enroll.

Parent/Guardian 1
Relationship: Please Circle: Mother Father Legal Guardian

First Name____ Last Name ___________________________________

Email Address____

Home Phone________________________ Work Phone _______________________Mobile/Cell Phone __________________

Emergency Contact Name and Number____

Address if different from student's____

Emergency Contact Information ***(to be completed by parent or guardian)***
IMPORTANT! The well-being of your child is very important. The following information about your child will help us in the event of an emergency. Circle and comment if needed on any serious condition(s) your child has:

- **Asthma/breathing problem Yes No** ________________________ ■ **Heart condition Yes No** ________________________
- **Allergies (food, plant, medication, animal — please specify) Yes No** ____
- **Other allergies (list)** ________________________________ ■**Seizures Yes No** ____________________________
- **Diabetes Yes No** ___________________________________ ■ **Other concerns Yes No** ________________________
- **Dietary needs/concerns Yes No** ________________________
- **Other diseases (list)** ____

Does your child need any special assistance or accommodations due to his/her health problems? **Yes No**
If yes please describe.____
If any of the above are checked, is an emergency plan necessary? **Yes No**

- **My child wears glasses or contact lenses. Yes No** ■ **My child has a diagnosed hearing impairment. Yes No**
- **My child wears a hearing aid. Yes No** ____
- **My child requires a prescription drug to be administered during the period of tutoring. Yes No**

If yes, a prescription authorization must be on file with the provider. The provider must keep medication in a secure location and keep a log of when medication is dispensed (day, time, person giving out medication).

Physician's name ________________________________ Physician's Phone Number ________________________________

Parent Release of Information
I understand that by submitting this application, I am requesting that my child participate in Supplemental Educational Services. I authorize Union County Public Schools to share information regarding my child's academic record; grade level; Individualized Education Plan (IEP) and Section 504 Plan (if applicable); and parent/guardian's name, address, and phone number with the provider that my child is assigned, as appropriate. This information is for educational purposes only. I understand that this Provider has agreed to maintain the confidentiality of my child's educational records and directory information.
I have read and understand the roles and responsibilities for the school district, provider, student and parent.

I give permission for my child to stay after school for tutoring on the designated days.

☆ **Parent/guardian signature** ____**Date**: __________________

For Office Use Only

Student ID #:_________________ Date received: ____________________ Eligible for SES _____ yes _____ no
Provider Notified_____________ Parent notified________________ School notified_______________
Request for Provider 1 has been: ____ Approved ____ Disapproved Request for Provider 2 has been: ____ Approved ____ Disapproved
School Improvement Specialist ____________________________________ Date _______

White: SES Provider Yellow: Federal Programs