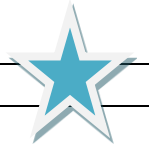


**Supplemental Educational Services
Provider Selection Form**

**Glenbard High School District 87
Glenbard East High School**

**Deadline for response:
January 31, 2012**



STUDENT INFORMATION					Write PROVIDER HERE	
Last Name	First Name	Student ID #	Date of Birth	Grade		1st Choice
PARENT INFORMATION						2nd Choice
Last Name	First Name	Home Address City Zip Code				3rd Choice
Daytime Phone	Evening	Cell	Email address			
Relationship to student: ___Mother ___Father ___Guardian						
Languages spoken at home: ___English ___Spanish ___Other Specify:						

PROVIDER SELECTION:

CONFIDENTIALITY: I give permission to the school district and the Illinois State Board of Education to disclose pertinent information about my child to the service provider. Information shall be limited to what is needed to operate the Supplemental Educational Services Program. Information concerning the identity of students receiving SES shall not be disclosed to the public without the permission of the parent/guardian of the student. The confidentiality of all student records shall be maintained in compliance with applicable state and federal laws.

PARENT/GUARDIAN: Please review the enclosed provider brochure. If you need assistance, you may consult with your child's school. Once you have decided on a provider and services for your child, please complete the section marked "Provider Selection."

- 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 and/or school to set goals for my student.
- I understand that the provider will regularly inform me of the student's progress and a parent survey sent to me by the provider at the conclusion of services.
- 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 based on prioritized academic need as defined by the district.

In order for your child to be eligible to receive supplemental educational services (SES), he/she must come from a low-income family and attend a Title 1 school that is in school improvement, in corrective action, or in restructuring. As there may be a limited number of spaces available in the SES program, the district cannot guarantee that all students will be able to participate.

Return this form to Glenbard District 87, 596 Crescent Blvd., Glen Ellyn IL 60137 Attn: Shelley Taylor or FAX: 630/942-7736

SIGNATURE: *By signing below, I grant permission for the listed student to receive Supplemental Educational Services from a provider listed above.*

_____ **Print Parent/Guardian Name**

_____ **Signature of Parent/Guardian**

_____ **Date**