

Killingly Public Schools
369 Main Street
P.O. Box 210
Danielson, CT 06239
860-779-6600

APPLICATION FOR FREE SES TUTORING SERVICES

Parent/Guardian: Please complete this form and return it by mail or in person to your child's school or to the Board of Education building no later than NOVEMBER 16, 2011. **A separate application must be filled out for each eligible child.** If you have any questions, please contact your child's school or Colin McNamara at 860-779-6600.

My child receives free lunch reduced lunch.

Child's Name: _____ Grade: _____

Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Alternate/Emergency Number: _____ Email: _____

Indicate "1" for First Choice and "2" for Second Choice of Providers Listed Below:

Abacus In Home Tutoring

Professional Tutors of America

Permission to Disclose Student Education Records

Your signature below authorizes Killingly Public Schools to release parent/guardian information, student information, academic records, assessment data, and special education records if applicable for the above-named student to the Supplemental Educational Services provider that you have chosen (upon verification of eligibility and acceptance into the program). I understand that the information provided will be used for the purposes of contacting me to arrange for services and developing a learning plan with the goal of raising the academic achievement of the above-named student. Services will be consistent with the content and instruction used by Killingly Public Schools and aligned with Connecticut's academic content standards [ESEA Section 1116(e)(12)]. I further understand that said records will be used only for stated purpose and will not be shared with any other party without prior written consent of the parent/guardian.

SIGNATURE (REQUIRED)

I HEREBY CERTIFY that I have read this application and agree to its provisions.

Signature of Parent/Guardian

Date