



****FREE OF CHARGE** After School Tutoring**

Supplemental Educational Services SY 10-11
Parental Request Form

Please return to the Boston Renaissance Charter Public School by **October 13, 2010**

1415 Hyde Park Ave, Hyde Park Ma, 02136
Attn: Dorothy Warwick, SES Program Coordinator

To request services for your child, read and complete ALL FOUR SECTIONS below:

I. PLEASE READ AND CHECK HERE:

_____ Yes, I am interested in seeking Supplemental Education Services for my child outside of the normal school day. I understand that these services are offered by outside providers and that these providers do not necessarily use personnel from our district as instructors. I am aware that if my child is determined to be eligible for these services, that it will be my responsibility to provide transportation for my child to receive the services. Additionally, if my request is able to be fulfilled, and my child is able to receive services from one of the providers I selected above, I give permission to the school district to share information with that provider regarding my child's academic achievement level, for example sharing information included in his/her Individual Student Success Plan (ISSP), so that this information can help determine specific goals and strategies.

II. PLEASE PRINT:

Child's Name _____

Teacher Name: _____ Grade _____ Homeroom # _____

Parent/Guardian: _____

Address _____
Street

_____ City State Zip Code

Phone # _____ Cell # _____
(Daytime)

III. I have read the information regarding the supplemental service providers. Based on the provider descriptions my choice at this time would be:

A. First Choice: _____

B. Second Choice: _____

C. Third Choice: _____

IV. Parent/Guardian Signature