

**San Dieguito Union High School District**  
**Supplemental Educational Services (SES) Application/Enrollment Form**  
**Oak Crest Middle School**

| <b>For Office Use Only</b>   |           |                      |                  |                 |            |        |                     |  |             |  |                 |  |                             |  |  |                  |  |  |                           |  |                      |  |  |  |  |  |  |  |  |
|--|-----------|----------------------|------------------|-----------------|------------|--------|---------------------|--|-------------|--|-----------------|--|-----------------------------|--|--|------------------|--|--|---------------------------|--|----------------------|--|--|--|--|--|--|--|--|
| Student Information  | F/R       | A                    | D                | V/B             | STU ID #   |        |                     |  |             |  |                 |  |                             |  |  |                  |  |  |                           |  |                      |  |  |  |  |  |  |  |  |
| <table style="width:100%; border: none;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 20%; border-bottom: 1px solid black;">First</td> <td style="width: 20%; border-bottom: 1px solid black;">Middle</td> <td style="width: 20%; border-bottom: 1px solid black;">Grade</td> <td style="width: 20%; border-bottom: 1px solid black;">Birth Date</td> <td style="width: 20%; border-bottom: 1px solid black;">Gender</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Home Address: _____</td> <td colspan="2" style="border-bottom: 1px solid black;">City: _____</td> <td colspan="2" style="border-bottom: 1px solid black;">Zip Code: _____</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Parent/Guardian Name: _____</td> <td colspan="3" style="border-bottom: 1px solid black;">Telephone: _____</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Parent Work Number: _____</td> <td colspan="4" style="border-bottom: 1px solid black;">Teacher's Name _____</td> </tr> </table> | Last Name | First                | Middle           | Grade           | Birth Date | Gender | Home Address: _____ |  | City: _____ |  | Zip Code: _____ |  | Parent/Guardian Name: _____ |  |  | Telephone: _____ |  |  | Parent Work Number: _____ |  | Teacher's Name _____ |  |  |  |  |  |  |  |  |
| Last Name  | First     | Middle               | Grade            | Birth Date      | Gender     |        |                     |  |             |  |                 |  |                             |  |  |                  |  |  |                           |  |                      |  |  |  |  |  |  |  |  |
| Home Address: _____  |           | City: _____          |                  | Zip Code: _____ |            |        |                     |  |             |  |                 |  |                             |  |  |                  |  |  |                           |  |                      |  |  |  |  |  |  |  |  |
| Parent/Guardian Name: _____  |           |                      | Telephone: _____ |                 |            |        |                     |  |             |  |                 |  |                             |  |  |                  |  |  |                           |  |                      |  |  |  |  |  |  |  |  |
| Parent Work Number: _____  |           | Teacher's Name _____ |                  |                 |            |        |                     |  |             |  |                 |  |                             |  |  |                  |  |  |                           |  |                      |  |  |  |  |  |  |  |  |
| <b>Requirements/Agreements</b>   |           |                      |                  |                 |            |        |                     |  |             |  |                 |  |                             |  |  |                  |  |  |                           |  |                      |  |  |  |  |  |  |  |  |

| <b>STUDENT</b>   | <b>PARENT</b>  | <b>TUTOR</b>   |
|--|--|--|
| <p>Will:</p> <ul style="list-style-type: none"> <li>Attend regularly and promptly</li> <li>Give 100% attention and effort</li> <li>Complete all tasks</li> <li>Maintain good behavior</li> <li>Be courteous to peers and teachers</li> <li>Be dropped from program for lack of attendance, discipline, or tardiness</li> </ul> | <p>Will:</p> <ul style="list-style-type: none"> <li>Ensure that child attends regularly</li> <li>Encourage him/her to do well</li> <li>Allow the provider to use student's test performance data. (This data will be used for purposes of designing the instructional program and monitoring growth.)</li> <li>Keep in touch with the instructor</li> <li>Provide transportation to and from the location of services</li> </ul> | <p>Will:</p> <ul style="list-style-type: none"> <li>Develop lessons that meet the student's needs</li> <li>Provide challenging and motivating lessons</li> <li>Monitor and report progress to school staff and the Title I office as required</li> <li>Keep parents and teachers informed of student's progress monthly</li> </ul> |

**My first choice for my student's SES tutoring service is:**

**#1** \_\_\_\_\_  
**Provider Company Name**

*We will make every effort to place your student with your #1 choice. If, due to unforeseen circumstances, we are not able to place your child with your first choice, we will place your student with your second choice. Please print your second choice on line #2:*

**#2** \_\_\_\_\_  
**Provider Company Name**

*By selecting a provider I understand the San Dieguito Union High School District may share information regarding my child's academic records: grade level; English language status; if my child has an Individualized Education Plan (IEP) and/or Section 504 Plan (if applicable), parent/guardian's name, address, and phone number with the provider that my child is assigned, as appropriate. I also understand that the provider will use the information for legitimate interests only and that the information shall not be further communicated to any other party or agency without my written consent.*

*By signing below I acknowledge that I have reviewed the statement above and understand the process of selecting a Supplemental Educational Services provider for my child. I also verify that my family is eligible for the Free/Reduced-Price Meal Program.*

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**Parent/Guardian Signature** **Date**

**Please return this Application/Enrollment Form to the school office by Nov/12/2013**