

Parent/Guardian Request for Supplemental Services

Please complete the form below and return the entire form by *September 1, 2015* to the North Kitsap School District if you want an outside provider to tutor your child. Please use a separate form for each child.

Name of Student _____ Date _____

Name of Parent/Guardian _____ GRADE _____

Birth date: _____

Dear Parent/Guardian:

Your child is enrolled at *Wolfe Elementary* and, if they are receiving free and/or reduced meals they may be eligible to receive Supplemental Educational Services as defined in the preceding letter. Please complete the section below and return the entire form to the Title 1 office. Please complete a separate form for each child for whom you are requesting supplemental services. Please return this to

*North Kitsap School District
Attention: Travis Smith
Address: 18360 Caldart Ave NE
Poulsbo, WA 98370*

Parent/Guardian:

I understand that my child is eligible to receive Supplemental Educational Services for the 2015-16 school year.

I will be requesting SES services.

I will not be requesting SES services.

Signature of Parent/Guardian: _____

Address _____ City _____ Zip _____ Telephone _____

Office Use Only

Student STI # _____

Date Received _____