Conway School District
Supplemental Educational Services (SES)
2011-2012 Enrollment Form

Please complete the following SES Enrollment Forma and return it to the main office at John Fuller School.

Student Information

Full Name ________________________________ ________________________ ______
Last First M.I.

Student ID#____________________Gender Male___Female___
Date of Birth_______________Grade_____Teacher________________________

Address___________________________________ ____________________________
Street Address Apartment/PO Box

___________________________________ ___________________________
City ZIP Code

Home Phone: (___)________________________ Cell___________________________

Services Requested and Provider Selection

To make a selection, please refer to the Approved SES Provider List that you received with your Parent Notification Letter. A copy of the list is also available in the main office at John Fuller School.

1st Choice Provider:____
2nd Choice Provider____

Note: The selected SES Provider must conduct a required parent consultation before services can begin. During the consultation, the Student Individual Learning Plan must be completed and signed by the parent/guardian.

Parental Consent

This enrollment form is NOT valid unless it has been signed by the parent/guardian. Your signature gives consent to Conway School District to share with your selected SES provider educational records that relate to your child's academic achievement.

Parent/Guardian's Name____
(Please Print)
Parent's/Guardian's Signature____________________________________Date_________

Do not write below this line.

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For Conway School District External Use Only
_________________________ Ist Choice __ 2nd Choice__
Process Completed___ Initials ______ Date Completed____________