

School District of the City of River Rouge

1460 W. Coolidge Hwy., River Rouge, MI 48218 (313) 297-9600, ext. 1608

2011 Tutor Selection Form

Student Name: _____ Grade: _____

As the parent/guardian of this student, I have selected from the list of approved supplemental service providers (tutors) the following agency/providers to offer tutorial support:

Please write the name of your selected SES Provider below:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

I understand that:

1. My son/daughter must regularly attend the selected SES program. After excessive absences (5 sessions) my son/daughter will be dropped from the selected SES program.
2. The school district is only obligated to pay a designated limited amount of funds established by the Michigan Department of Education for services I have selected.
3. If I cancel the services with this SES provider during the current school year, I will be allowed to select another SES provider up to the total allocation per student.
4. Tutorial services will terminate when my son/daughter has utilized the allocated amount of funds for his/her tutorial support.
5. Any transportation costs to and from the tutor/supplemental service provider's location are the responsibility of the parent/guardian.
6. I must attend a meeting with a representative of the SES provider and the school's representative to establish goals for my son/daughter.

Parent Signature

Date

Home Phone: _____ Cell Phone: _____

Street Address: _____

City _____ Zip _____

Please return this form to:

Kimberly Buckner, SES Coordinator
S/D of the City of River Rouge, 1460 W. Coolidge Hwy., River Rouge, MI 48218
Deadline for submitting this form: Friday, September 30, 2011