



OGDEN CITY SCHOOL DISTRICT SUPPLEMENTAL EDUCATIONAL SERVICES APPLICATION

Student's Name (Printed)

School

Academic Year

My son/daughter would like to apply for Supplemental Educational Services as it is described in No Child Left Behind.

- I am selecting the state-approved provider from the list provided to me.

I select _____.
(State-approved provider's name)

- I understand that the district will enter into an agreement with the provider, and I will be notified of a time to meet with the provider to set goals for my student.
- I understand that the provider will regularly inform me and the student's teacher(s) of the student's progress.
- I understand that if funds are insufficient to cover the supplemental educational services for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.

(Signature of parent/guardian)

(Date)

(Printed name of parent/guardian)

(Daytime Telephone number)

(Evening Telephone number)