

**SES APPLICATION FORM**  
**WILL BE SENT OUT TO ELIGIBLE STUDENTS AT  
BEGINNING OF 2010-2011 SCHOOL YEAR**

Supplemental Services Application Form

Complete the information below and **return** this form to Marionville Elementary office.

I want my child, \_\_\_\_\_ to receive tutoring. **I realize that I am responsible for my child's transportation home after attending this program.**

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone #1: \_\_\_\_\_

Contact Phone #2: \_\_\_\_\_

Authorized Pick-up for my child: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

My choices for SES are:

1<sup>st</sup> Choice      Name of provider \_\_\_\_\_

2<sup>nd</sup> Choice      Name of provider \_\_\_\_\_

3<sup>rd</sup> Choice      Name of provider \_\_\_\_\_