

Meridian SES APPLICATION FORM

Parent/Guardian Request for Supplemental Services (2nd Window)

Please complete the form below and return the entire form by **November 13, 2015** to the Meridian 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 _____

Student's Birth Date: _____

Your child is enrolled at Irene Reither Elementary and may be eligible to receive Supplemental Educational Services. Please complete the information below and return the entire form to the Meridian School District's District Office (see address below). Please complete a separate form for each child for whom you are requesting supplemental services. Please return this to

Address: 214 W. Laurel Rd., Bellingham WA 98226

Attention: Assistant Superintendent, David Forsythe

Please be advised, attendance is very important to the success of this program. Please ensure your child participates at all times unless there is illness or an emergency. This is an optional program, and lack of proper attendance can jeopardize participation. Transportation is not provided to any supplemental service.

Parent/Guardian Complete

I understand that my child is eligible to receive Supplemental Educational Services for the 2015-2016 school year. I understand that transportation is not provided.

___ ***I have selected the following provider from the state approved list:** _____

The two providers that serve Meridian, and a link to all State wide Providers is at:

<http://www.meridian.wednet.edu/TLS/TitleI>

Signature of Parent/Guardian: _____

Address _____ City _____ Zip _____ Telephone _____

E-mail Address: _____

Office Use Only

Student SSID # _____

Date Received _____