

## South Central Nebraska Unified School District #5 Parent Request for Supplemental Services

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ School: \_\_\_\_\_

Dear Parent/Guardian

Your child may be eligible to receive free supplemental educational services from a state approved provider. Priority is given to children from low-income families who are in greatest need of academic tutoring. Attached is a list of providers that have been approved by the state and are reasonably close to the school or accessible through technology. Please complete the section below identifying 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices and return the entire form to the school. Please use a separate form for each child for whom you are requesting supplemental services. Return the form to your school's office by March 10<sup>th</sup>, 2015.

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*Please complete the entire section below and return the **entire** form to the school.*

I understand that my child **may** be able to participate in free academic tutoring before or after the normal school day. I also understand that I may not receive my first choice due to small group requirements of providers.

Based on this information, I wish to enroll my child in the services offered by the following provider from the attached list.

1<sup>st</sup> Choice \_\_\_\_\_  
*(name of state approved provider)*

2<sup>nd</sup> Choice \_\_\_\_\_  
*(name of state approved provider)*

3<sup>rd</sup> Choice \_\_\_\_\_  
*(name of state approved provider)*

Printed name of Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Include home/cell)

### Office use only

Date Received \_\_\_\_\_