

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

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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 1st, 2nd and 3rd 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 10th, 2016.

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.

1st Choice \_\_\_\_\_  
(name of state approved provider)

2nd Choice \_\_\_\_\_  
(name of state approved provider)

3rd Choice \_\_\_\_\_  
(name of state approved provider)

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

Signature of Parent \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

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