

TITLE I PROGRAM IMPROVEMENT SCHOOLS

**PARENT/GUARDIAN SELECTION OF
SUPPLEMENTAL EDUCATIONAL SERVICES**

Instructions: To select supplemental educational services for your child, please complete the following form and mail, fax, or deliver it to the principal of your child's school or to the district office by [date].

Student's Name: _____ School: _____

Parent/Guardian's Name: _____ Signature: _____

Please write numbers in the boxes below to indicate your top [number] choices of service providers:

[] _____ [name of service provider] _____

[] _____ [name of service provider] _____

[] _____ [name of service provider] _____

[] _____ [name of service provider] _____

Once a service provider has been determined for your child, the district will enter into a formal contract with the provider in accordance with law.

If you have any questions or need assistance selecting a provider, please contact [name] at [phone number].