



Lucia Mar Unified School District
602 Orchard Street
Arroyo Grande CA 93420
805.474.3000

Engage. Challenge. Inspire.

Complete the information below and **return** this form to the school office by **October 30, 2015**.

**Supplemental Educational Services
Provider Selection Form**

I have reviewed the information about SES/tutoring providers approved by the California Department of Education. I want my child to receive this free tutoring.

School Name _____

Child's Name _____ Grade _____

My choices for SES are:

1st Choice Name of provider

2nd Choice Name of provider

3rd Choice Name of provider

Parent/Guardian Name (printed)

Home Phone # _____ Work Phone # _____

Parent/ Guardian Signature

PARENT RECORD OF SES PROVIDER SELECTION

My choices for SES are:

1st Choice Name of provider

2nd Choice Name of provider

3rd Choice Name of provider

I returned to _____ on _____ (date).

Parents -- keep this for your record.