

Complete the information below and return this form to:

**Supplemental Educational Services (SES)  
Provider Selection Form**

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

School Name: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age \_\_\_\_\_

Birth date: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade \_\_\_\_\_

**My choices for SES are:**

1<sup>st</sup> Choice Name of Provider: \_\_\_\_\_

2<sup>nd</sup> Choice Name of Provider: \_\_\_\_\_

3<sup>rd</sup> Choice Name of Provider: \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Record of SES Provider**

1<sup>st</sup> choice Name of Provider \_\_\_\_\_

2<sup>nd</sup> choice Name of Provider \_\_\_\_\_

3<sup>rd</sup> Choice Name of Provider \_\_\_\_\_

I returned to: \_\_\_\_\_ on \_\_\_\_\_ (Date)

**Parents—keep this for your records**