

Berkeley Unified School District
Supplemental Educational Services (SES) 2012-13
Information and Application

The No Child Left Behind (NCLB) Act of 2001 provides parents of eligible children in Year 2 or greater Program Improvement (PI) schools, the opportunity to obtain Supplemental Educational Services (SES) from a California state approved Supplemental Educational Services provider. To be eligible for Supplemental Educational Services (SES), students must be attending a Program Improvement (PI) School in Year 2 or higher AND be receiving Free or Reduced priced lunch. Spaces are limited to availability of funds and priority will be given to the lowest achieving students.

Supplemental Educational Services (SES) is an academic tutorial assistance program provided outside the regular school day in reading, language arts, and/or math. SES services occur after school at the student's school site, home, or at a mutually agreed upon location.

Based on the eligibility requirements, your child may be eligible for **SES in 2012-13**

If you would like to apply for SES in the 2012-13 school year, please fill out the 2012-13 SES Application below and indicate your first three provider choices based on the attached SES Provider Table. Return the application at your child's school office no later than **November 8, 2012.** We will contact you by **November 15, 2012** with the status of your application.

If you would like more information about SES, please call the Office of Curriculum and Instruction office at (510) 486-9364.

*Please cut here and return application to your school site no later than **November 8, 2012***

2012-2013 Supplemental Educational Services (SES) Application

STUDENT/PARENT INFORMATION (PLEASE PRINT CLEARLY)

School: _____ **Grade:** _____

Student's First Name: _____ **Student's Last Name:** _____

Home Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Telephone: () _____ **Alternate Telephone:** () _____

Does your child currently receive Free or Reduced lunch? (Check one) Yes: ____ **No:** ____

PROVIDER CHOICE (use attached SES Provider Table to select your top three choices):

Provider choice 1: _____

Provider Choice 2: _____

Provider Choice 3: _____

Parent's Name: _____ **Date:** _____

Parent's Signature: _____