

**Berkeley Unified School District**  
**Supplemental Educational Services (SES) 2013-14**  
**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. Additionally, BUSD is offering SES to Year 1 PI schools in lieu of School Choice. To be eligible for Supplemental Educational Services (SES), students must be attending a Program Improvement (PI) School AND be low income. Spaces are limited to availability of funds and priority will be given to the lowest achieving students.

Supplemental Educational Services (SES) are academic instructional services 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 2013-14

If you would like to apply for SES in the 2013-14 school year, please fill out the SES Application below and indicate your first three provider choices from the attached SES Provider Table. Return the application to your child's school secretary no later than **October 11, 2013**. If your child is eligible, we will contact you by **October 18, 2013** with the status of your application.

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

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*Please cut here and return application to your school secretary no later than **October 11, 2013***

**2013-2014 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:** (    ) \_\_\_\_\_

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

**Provider choice 1:** \_\_\_\_\_

**Provider Choice 2:** \_\_\_\_\_

**Provider Choice 3:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

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