

**2011-2012 Bridgeport Public Schools
SUPPLEMENTAL EDUCATION SERVICES (SES)
PROVIDER SELECTION FORM**

Student's Full Name _____

(Please Print)

Date of Birth _____ **School** _____

Grade _____ **Student ID#** _____

- I have reviewed the state-approved SES Provider listing included with this packet. Below, I have indicated my choice of Providers in order by 1st (first), 2nd (second) and 3rd (third / last).

_____ A+ Learning Headquarters	_____ Academic Power 4 Kids
_____ Abacus In Home Tutoring	_____ Bridgeport Academy of Learning
_____ Bright Light Education	_____ CLUB Z in Home Tutoring
_____ CT Teacher's Tutoring Assoc	_____ Education Advantage
_____ Global Partnership Schools	_____ Kinetic Potential Scholars
_____ Lighthouse SES Program	_____ One on One Learning
_____ Open Doors Learning	_____ Professional Tutors of America
_____ Rocket Learning	_____ SMARTIES Tutoring
_____ Sylvan Learning Trumbull	

- I understand that the district will enter into an agreement with the selected provider. The provider will contact me directly to set goals and a tutoring schedule for my child.
- I understand that the Provider will regularly inform me, the teacher(s) and the district representative of my child's progress.
- I understand the SES funding to the district is limited and therefore students will be selected based on their lowest scores from their standardized State tests from the previous school year.

Parent Signature

Please Print Parent Name

Street Address (Please Print)

Date

Daytime Telephone Number

Alternate/Cell Number

PLEASE RETURN FORM TO YOUR HOME SCHOOL COORDINATOR during the enrollment period of Monday, September 26, 2011 thru Friday, October 7, 2011!