

HARTFORD SCHOOL DISTRICT
73 HIGHLAND AVENUE
WHITE RIVER JUNCTION, VERMONT 05001

Thomas DeBalsi. – Superintendent
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Phone (802) 295-8600
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Application for Supplemental Educational Services

Services are only provided for students who are currently eligible for free or reduced price meals. Parents are responsible for providing transportation to and from the service provider. The service provider must come from the Agency of Education Approved Provider List included with this letter.

Student Name:_____ Student Grade:_____

Name of Parent/Guardian_____

Home Phone_____ Email Address_____

Eligibility:

____Student is currently eligible for free or reduce-priced meals

____Free/Reduced application attached

As the parent/guardian of this student, I have selected the following agency/provider to provide Supplemental Educational Services for my child. (You may choose only one provider)

Name of Selected Provider:_____

I understand that: 1) My child must regularly attend the program. If s/he is absent more than three times, my student will be dropped from the program. 2) Tutorial services will terminate on the last day of services, or when my student has utilized the allocated SES funds for his/her support, whichever comes first. 3) Transportation costs to and from services are my responsibility. 4) I must attend a meeting with a representative of the agency/provider and the school district representative to establish goals for my child before services may begin. 5) If I cancel the services with the provider during the current school year, I may not be allowed to select another provider until the next school year.

Parent/Guardian Signature: _____ Date:_____

Application Deadline: February 6, 2015