

Supplemental Educational Services Provider Selection Form

Student Name: _____

Home Address: _____

Home Phone #: _____

Cell Phone #: _____

Parent(s)/Guardian(s): _____

School: _____

Grade: _____

Check the box that applies:

My son/daughter **WILL** participate in the Supplemental Services program.

I am requesting tutoring services at my child's school

or

I am selecting the following tutoring service from the list provided to me
(please write the name of the provider you are choosing):

I understand the Helena Public Schools will enter into a contract with the provider, and
I will be notified of a time to meet with the provider to set goals for my child.

I understand that the provider will regularly inform me and the classroom
teacher of my students' progress.

Signature of parent/guardian

Date

Printed name of parent/guardian

Date