

**Construction Careers Center Charter High School
Supplemental Educational Services
Provider Selection Form**

Complete the information below and **return** this form to the Construction Careers Center office by:
September 29, 2010.

I have reviewed the information about SES/tutoring providers approved by the Missouri Department of Elementary and Secondary Education. I want my child to receive this free tutoring.

Child's Name: _____ **Grade:** _____

My choices for SES are:

1st Choice **Name of provider** _____

2nd Choice **Name of provider** _____

3rd Choice **Name of provider** _____

Parent/Guardian Name (printed) _____

Home Phone # _____ **Alternative Phone #** _____

Parent/Guardian Signature _____

Date _____



Cut and keep the bottom portion for your records

1st Choice **Name of provider** _____

2nd Choice **Name of provider** _____

3rd Choice **Name of provider** _____

I returned to Dr. Butler on _____