

2008-2009 School Year
Application for Supplemental Educational Services (Free Tutoring)
Under the No Child Left Behind Act

Please Remit to:
Cleveland Metropolitan School District
No Child Left Behind Office, Room 600 North
1380 East Sixth Street
Cleveland, OH 44114
Phone: 216 574-8050 or 216 574-8502

Sample

RETURN IMMEDIATELY_{MHS}

Student Name _____ Student ID Number _____ Grade _____

Special Education Program* N Limited English Proficient* Y

Student's Current School _____

Student Address _____ Apt. No. _____ Zip Code _____

Parent/Guardian Name (Please Print) _____

(Please Complete)

Home Phone _____ Work Phone () _____ Cell Phone () _____

Please correct any incorrect information.

PARENTS YOU HAVE THE RIGHT TO CHOOSE ANY TUTORING PROVIDER.
Questions, call 216-574-8050 or 216-574-8502.

I would like to apply for free tutoring for my child. I understand that the deadline date for submitting an application is ~~Friday, October 17, 2008~~, and not all requests will be accommodated. If necessary, priority will be given to those students with greatest academic need based on their standardized test scores. I have chosen the following tutoring Providers from the attached list in order of preferences.

You must choose at least 2 Providers.

Write Knowledge College as your 1st Choice Provider.

1st Choice _____

2nd Choice _____

3rd Choice _____

~~PLEASE SIGN AND RETURN THE APPLICATION IN THE ENCLOSED ENVELOPE.~~
~~NO STAMPS NEEDED~~

Sign and return paperwork to CMSD in envelope provided.

Signature _____

Parent/Guardian Signature _____ Date _____

For Office Use Only

Date Received _____

Date Processed _____