

BALTIMORE CITY PUBLIC SCHOOL SYSTEM  
OFFICE OF FEDERAL PROGRAMS/ TITLE I  
(ph) 410-396-8937

200 E. NORTH AVE, RM. 315  
BALTIMORE MD 21202  
(fax) 410-637-3028

**SUPPLEMENTAL EDUCATIONAL SERVICES APPLICATION  
2007-2008 SCHOOL YEAR**

**RETURN TO YOUR CHILD'S SCHOOL NO LATER THAN FRIDAY,  
OCTOBER 26, 2007**

**Instructions:** The parent/guardian of the eligible student is to complete and submit the application to the principal no later than **Friday, October 26, 2007** in order to request participation in the Title I Supplemental Educational Services (SES) program.

Date \_\_\_\_\_

**Current School**  
**Number/Name** \_\_\_\_\_

**Student**  
**Name** \_\_\_\_\_

**Grade Level for 2007-2008** \_\_\_\_\_ **Pupil ID# (Must be provided)** \_\_\_\_\_

**Write the names of the requested Providers on the lines below:**

**First Choice** \_\_\_\_\_ **Third Choice** \_\_\_\_\_

**Second Choice** \_\_\_\_\_ **Fourth Choice** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Street**

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Preferred Tutoring Method (check only one)**  
\_\_\_\_\_ **in school** \_\_\_\_\_ **in home** \_\_\_\_\_ **on-line**

I understand that by submitting this application, I am requesting Supplemental Educational Services (tutoring). I hereby authorize the Baltimore City Public School System to access my child's information from the Free and Reduced-price Meals System (FARMS) and standardized or Maryland School Assessment data to determine his/her eligibility. Furthermore, I authorize the Title I Office to share information regarding my child's academic records; grade level; Individualized Education Plan (IEP) and Section 504 Plan (if applicable); and parent/guardian's name, address and phone number with the provider that my child is assigned. I also understand that the recipient of this information will use the information for legitimate interests only and that the information shall not be further communicated to any other party or agency without my written consent.

\_\_\_\_\_  
**Signature, Parent/Guardian**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**