

Holmes District School Board Title I
Supplemental Educational Services

ENROLLMENT FORM

Please return this completed form by August 29, 2012 to:

701 E. Penn. Ave
Bonifay, FL 32425

Student: _____
Please Print

School: _____ Grade _____

PROVIDER SELECTED: 1st Choice _____
Providers' names and 2nd Choice _____
Information are attached 3rd Choice _____

Tutoring will be held on Tuesdays and Thursdays after school for 1 to 1 1/2 hours unless otherwise noted by the Provider.

Transportation will NOT be provided unless indicated by the Provider.

If you have more than one child requesting SES, please put one child's name per enrollment form.

Please Print:

Parent/Guardian Name: _____

Home Address: _____ City, Zip _____

Please give the method(s) you prefer for the District and the Provider to contact you.

Home Telephone: _____ Work Telephone: _____

Cell Telephone: _____ E-mail Address: _____

Please do not send your child for these services until you receive confirmation from the School or Holmes District School Board's Title I Office.

I give permission for contact information and assessment information for my child to be given to the Provider of my choice. _____

Parent /Guardian Signature

If you require assistance, you may contact:

School Principal, or Mrs. Carmen Bush, Title I Administrator, District Office
850-547-5928, ext. 228