

Supplemental Educational Services (SES)
Registration Form

G. Ray Bodley High School

Please complete and mail this form to:

Elizabeth Connors
Executive Director of Instruction and Assessment
167 South Fourth Street
Fulton, New York 13069

Student Name _____

Address _____ Zip Code _____

Parent/Guardian (please print) _____

Phone # _____ Cell/Work # _____

School _____ Grade(as of 9/08) _____

Age ___ Date of Birth _____ Sex: ___ Male ___ Female

Limited English Proficiency _____ Yes _____ No

Free/Reduced Price Lunch _____ Yes _____ No

Special Education or Section 504 _____ Yes _____ No

Please Choose From One Of The Following Providers:

___ Murray Learning Services _____ Friends Inc.

___ Huntington Learning Center of Clay (tutoring before 5:00pm)

___ Huntington Learning Center of Fayetteville (tutoring after 5:00pm)

___ Learner First _____ Sylvan Learning Center

___ Alternatives Unlimited _____ Babbage NetSchool

___ Kumon Math and Reading

Emergency Contacts (include phone numbers)

Disclosure: I authorize the Fulton School District to contact the chosen state approved tutoring provider to notify them of my child's eligibility status. I understand that this disclosure is my consent to release the information in accordance with the Family Educational Rights & Privacy Act (FERPA).

Parent/Guardian Name _____

Parent Signature _____ Date _____

For office use only

Student ID # _____

Student Eligibility _____

IDEA Status _____

LEP Status _____