

Supplemental Educational Services Provider Selection Form

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

School Name ___Lift for Life Academy_____

Child's Name _____ Age _____

Teacher'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 # _____ Work Phone # _____

Parent/Guardian Signature

Date _____