

Student must qualify for free or reduced-price lunch and attend an SES Title I school.

**Anchorage School District – Title I Program
APPLICATION for SUPPLEMENTAL EDUCATIONAL SERVICES**

Student Name: _____	Student ID#: _____
School: _____	Grade: _____
Teacher(s): _____	
Mailing Address: _____	Zip Code: _____
Day Phone: _____	Evening Phone: _____

PARENT/GUARDIAN INSTRUCTIONS

From the list of state-approved Providers, please rank your top three choices for services, in order of preference.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Application must be received by the Title I Office by November 22nd in order for your child to be considered for services.

Due to funding limits or lack of space in the programs available, not all students will be able to receive services. Students who are eligible for and apply for services will be ranked in order of greatest academic need in determining who will receive services. Once the application deadline has passed, the district will process all applications and notify parents whose children are authorized for service.

Please do not send your child for services until you have received an authorization from the school district.

By signing this form, I am authorizing release of contact information as well as release of student academic records to the state-approved Providers you selected above. Further, I understand that my child may not receive services if funding and space are not available for all eligible students. I will be notified by the Anchorage School District if my child is approved for services.

Parent/Guardian Signature

Date

RETURN APPLICATION IN ONE OF THREE WAYS:

- 1. Deliver form to front office at student's school.**
- 2. School or parent may FAX form to 742-4482.**
- 3. Mail form to Title I Program, ASD Education Center, 5530 East Northern Lights Blvd., Anchorage, AK 99504**

APPLICATION MUST BE RECEIVED BY THE TITLE I OFFICE BY NOVEMBER 22ND.