

**Parent/Guardian Request for Supplemental Services**

Please complete the form below to sign your student up for supplemental services provided by a contractor outside of the school system.

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ GRADE \_\_\_\_\_

Birth date: \_\_\_\_\_

Dear Parent/Guardian:

Your child is enrolled at Nespelem Elementary School and is eligible to receive Supplemental Educational Services as defined in the preceding letter. Please complete the section below and return the entire form to the Nespelem Elementary School office. Please complete a separate form for each child for whom you are requesting supplemental services. Please return this to

**Nespelem School District**  
**Attention: Debra Pankey**  
**229 School Loop Road**  
**P O Box 291**  
**Nespelem, WA 99155-0291**

Please be advised, attendance is very important to the success of this program. Please ensure your child participates at all times unless there is illness or an emergency. This is an optional program, and lack of proper attendance can jeopardize participation.

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Parent/Guardian:

I understand that my child is eligible to receive Supplemental Educational Services for the 2014-2015 school year.

\_\_\_ I will come to the school for assistance from the school to help make a choice. Please contact me at the phone number below to set up a time.

Full Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Signature of Parent/Guardian:

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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Office Use Only

Student SSID# \_\_\_\_\_

Date Received \_\_\_\_\_