

**\*\*Please Return To:** \_\_\_\_\_ **School**

**No Child Left Behind  
FREE TUTORING**  
(Supplemental Educational Services – SES)  
Application Form **2011-12**

For School Use Only
Date rec'd:
Time rec'd:
School Code:
Hm Rm Tchrr:
ID#:
PR:
Verified By:

**1. I am applying for FREE Tutoring for my child listed below:** (Please print child's legal name)

Last Name	First Name	Grade

**2. Mark AT LEAST your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice of provider (please number your choices): USE WITH PARENT MATRIX**  
 Example: 1 – Mathnasium Learning Center; 2 – It's All About Kids, LLC; 3 – The Learning Hale Instructional Center, Inc.  
 Providers will be assigned on basis of student need and number of spaces available

Complex Area Providers					
Choice	Provider Name	Content Area(s) Reading, Math or Science	Choice	Provider Name	Content Area(s) Reading, Math or Science
	<b>1 To 1Tutor, LLC</b>	Math		<b>Innovadia, LLC</b>	Rdg or Math or Sci
	<b>A+ It's All About Kids, LLC</b>	Rdg or Math or Sci		<b>Kumon North America, Inc.</b>	Rdg or Math
	<b>A Tree of Knowledge Educational Services, Inc.</b>	Rdg or Math		<b>Mathnasium Learning Center</b>	Math
	<b>ACE Tutoring Services, Inc.</b>	Rdg or Math or Sci		<b>Orchid Isle Tutoring</b>	Rdg or Math or Sci
	<b>ATS Project Success</b>	Rdg or Math		<b>Ractives, LLC</b>	Math
	<b>Club Z! In-Home Tutoring Services, Inc.</b>	Rdg or Math		<b>The Learning Center of Maui</b>	Rdg or Math or Sci
	<b>Kona Community School for Adults</b>	Rdg or Math or Sci		<b>The Learning Hale Instructional Center, Inc.</b>	Rdg or Math or Sci
	<b>Education Therapy</b>	Rdg or Math or Sci		<b>The Reading Clinic, Inc.</b>	Rdg or Math
	<b>Harvest Learning Group, LLC</b>	Rdg or Math		<b>UH Manoa Online Academy</b>	Math
	<b>Imagine Learning, Inc.</b>	Reading			

**3. Mark the subject area you would like your child to receive tutoring in (select ONLY 1):**

- Reading       Math       Science

**4. Parent Contact Information:** (Please print using legal name)

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**In order to share your contact or academic information with the tutoring service that you have selected, you must complete the attached HAR 64 Consent for Release of Information form(s) and return it with your SES Free Tutoring application form.**

If you do not wish to share your contact information with the tutoring service you have selected, the school will provide you with an authorization letter that includes the name of the assigned provider and their contact information. Please use your authorization letter to contact your assigned provider to begin services.

Hawaii Department of Education 2011-12 SES application revised (Form HAR 64\_Jan10 – Form revised 7-2011)

**FOR COMPLEX AREA USE ONLY**

Date Received	Priority Rank	Provider	Authorization Date	Note(s)