

# Supplemental Educational Services Provider Selection Form

Collinsville CUSD 10  
201 West Clay Street  
Collinsville, IL 62234  
618-346-6350  
[www.kahoks.org](http://www.kahoks.org)

*Form must be returned no later  
than October 12, 2010*

## Student/Parent Information

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please place an X in the box if your child participates in these programs:

ELL: \_\_\_\_\_ *If ELL, language spoken:* \_\_\_\_\_ Special Education (IDEA): \_\_\_\_\_

## Provider Selection

Please review the enclosed list of providers and select your top three choices, in order of preference:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

By signing this form, you are giving us permission to contact one of the providers to work with your child and release all student information to that provider.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

## OFFICE USE

Provider : \_\_\_\_\_

SIS Number : \_\_\_\_\_

***If you have any questions, please contact Julie Brown, Assistant Superintendent – Curriculum and Instruction, 618-346-6350.***