

Enrollment Form

Request for Supplemental Education Services (SES)

Directions:

1. Complete all of the information below.
2. A Parent/Guardian ***must*** sign this form. Services will not be approved or provided without a signature. Students who are 18 years old ***and requesting the service for themselves*** may sign the form.
3. Return this form to the Main Office

_____/_____/_____
Student Last Name Student First Name Date of Birth Current Grade Student ID

Odyssey Academy FRL
Gender SES Eligible School Classroom/Homeroom Teacher Lunch Status

Parent/Guardian 1		Parent/Guardian 2	
Last Name	First Name	Last Name	First Name
Home Address		Home Address	
Phone 1: _____	Type: _____	Phone 1: _____	Type: _____
Phone 2: _____	Type: _____	Phone 2: _____	Type: _____
Phone 3: _____	Type: _____	Phone 3: _____	Type: _____
Email: _____		Email: _____	

PLEASE COMPLETE THE FOLLOWING SECTION:

Supplemental Education Service Selections	
Please list your first, second, and third choice of SES providers below.	
1 st Choice:	_____
2 nd Choice	_____
3 rd Choice	_____

CONSENT TO RELEASE INFORMATION

By signing this form, you authorize Odyssey Academy to release written and verbal information about your child to the SES Provider(s) you have chosen as indicated below. These records will be used to prepare an Individual Learning Plan (ILP) for your child. You understand that, by giving this information and signing this form, the provider(s) have your permission to contact you at home. Further, you understand that your child's teachers may give test scores and other educational information about your child to these providers for the purpose of providing improved services to your child.

School records may be examined by parent(s) or learner if of legal age (18 years old or older). The information to be released:

- ☐ Official School Records (*transcript—including name, address, birth date, sex, grade level, grades, credits*)
- ☐ Standardized Test Results
- ☐ Special Education Records (*including related services*)
 - o Current Individual Education Plan (IEP)
 - o Special Education Evaluation (*most current*)

1. I understand that this consent takes effect the day that I sign it. It expires on _____ (Month/Day/Year) or no more than one year from the date of my signature.
2. I may change this consent at any time by sending a written notice of the change to the releasing school.
3. School officials may disclose this information if authorized by law to do so.

Parent/Guardian Signature (or Learner, if of legal age)

Date (Month/Day/Year)