

**Santa Monica-Malibu Unified School District  
Educational Services Department**

**SUPPLEMENTAL EDUCATIONAL SERVICES (SES)  
APPLICATION**

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Grade Level \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Please check one:*

YES, I accept the offer of Supplemental Educational Services for my child.

➤ I would like to enroll my child with

\_\_\_\_\_

(Vendor Name)

NO, my child will not be participating in Supplemental Educational Services.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Applications need to be completed and returned to:**

Santa Monica-Malibu Unified School District  
Educational Services Department  
1638 17th Street  
Santa Monica, CA 90404.

**Application deadline date: October 22, 2012**

**Santa Monica-Malibu Unified School District  
Educational Services Department**

**SERVICIOS DE EDUCACION SUPLEMENTARIOS (SES)  
SOLICITUD**

Escuela: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_ Nivel de Grado \_\_\_\_\_

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Zona Postal: \_\_\_\_\_

Padre/Tutor: \_\_\_\_\_

Teléfono de Trabajo \_\_\_\_\_ Teléfono Celular: \_\_\_\_\_

*Favor de indicar uno:*

SI, acepto la oferta de los servicios de educación suplementarios para mi hijo/a.

➤ Prefiero el proveedor: \_\_\_\_\_  
(Nombre del proveedor)

NO, mi hijo/a no participará en los servicios de educación suplementarios.

Firma del Padre/Tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Las solicitudes se deben llenar completamente y regresar a:

Santa Monica-Malibu Unified School District  
Educational Services Department  
1638 17th Street  
Santa Monica, CA 90404.

**La fecha límite para entregar su solicitud es el 22 de octubre, 2012.**