

****Please Return To: Waiākea High School**
Attn: Liane Martin, Title I Coordinator

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 Tch:
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 1st, 2nd, and 3rd 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

Hilo/Laupahoehoe/Waiakea (HLW) Complex Area Providers				
Choice 1 = First Choice, 2 = Second Choice, 3 = Third Choice, etc	Provider Name	Content Area(s) Reading, Math or Science	Location of Services (Determined at the time of Agreement of Services Meeting)	Notes (Please read attached Parent Guardian Matrix for more details!)
	A+ It's All About Kids, LLC	Rdg or Math or Sci	To Be Determined	
	A Tree of Knowledge Educational Services, Inc.	Rdg or Math	To Be Determined	
	ACE Tutoring Services, Inc.	Rdg or Math or Sci	To Be Determined	
	Club Z! In-Home Tutoring Services, Inc.	Rdg or Math	To Be Determined	
	Imagine Learning, Inc.	Reading	To Be Determined	Hilo Union and Kapiolani SES students only
	Innovadia, LLC	Rdg or Math or Sci	To Be Determined	
	Kumon North America, Inc.	Rdg or Math	Two Centers in Hilo to be assigned by provider	
	Orchid Isle Tutoring	Rdg or Math or Sci	To Be Determined	
	Ractives, LLC	Math	To Be Determined	Able to serve elementary SES students (K- 6) only
	The Reading Clinic, Inc.	Rdg or Math	To Be Determined	
	UH Manoa Online Academy	Math	To Be Determined	Must have internet access

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)



STATE OF HAWAII
DEPARTMENT OF EDUCATION

CONSENT FOR RELEASE
OF INFORMATION

Student's Name: _____ Date of Birth: _____
Last Name First Name Middle Initial

Grant permission to the Hawaii Department of Education, Waiakea High School
Name of DOE School or Office

155 W. Kawili Street Hilo HI 96720
Address City State Zip Code

Liane Martin 808-974-4822 808-974-4880
Department of Education Contact Phone Number Fax Number

TO: RELEASE RECEIVE (Check one)

the following document(s)/information, on the above named student, except that which is legally not subject to disclosure by law, and is covered under the Hawaii Revised Statutes, §325-101 Infections and Communicable Diseases (HIV Infection, ARC, and AIDS); §329-68 Uniform Controlled Substances Act (Protection of records; divulging confidential information prohibited) and §329-B6 Substance Abuse Testing (Test Results) to or from the agency or person listed below:

Parent/Guardian selected SES provider as authorized by Complex Area

Name of Agency or Person Phone Number

Address City State Zip Code

Specify document(s) / information authorized for release or receipt:

My child's current HSA results and/or report card grades in the content area I selected for tutoring.

For the purpose of:

Facilitating the start of my child's SES/Free Tutoring sessions.

This personal document(s)/information will be transmitted to the agency or person named above only on the condition that it not be shared with another agency or other person(s) without the written consent of the parent(s), or legal guardians(s), or eligible student (an "eligible student" means a student who has reached 18 years of age or is attending a postsecondary institution at any age).

Parent/Legal Guardian or Eligible Student Signature

Date

PRINTED Name of Parent/Legal Guardian or Eligible Student

Phone Number

Address City State Zip Code



STATE OF HAWAI'I
DEPARTMENT OF EDUCATION

CONSENT FOR RELEASE
OF INFORMATION

Student's Name: _____ Date of Birth: _____
Last Name First Name Middle Initial

Grant permission to the Hawaii Department of Education, Hilo/Laupahoehoe/Waiakea Complex Area

Name of DOE School or Office

450 Waiānue Ave., C-1 Hilo HI 96720

Address City State Zip Code

Rhona Uyetake, HLW Title I Linker (808) 974-4656 (808) 974-4499

Department of Education Contact Phone Number Fax Number

TO: RELEASE RECEIVE (Check one)

the following document(s)/information, on the above named student, except that which is legally not subject to disclosure by law, and is covered under the Hawaii Revised Statutes, §325-101 Infections and Communicable Diseases (HIV Infection, ARC, and AIDS); §329-68 Uniform Controlled Substances Act (Protection of records; divulging confidential information prohibited) and §329-B6 Substance Abuse Testing (Test Results) to or from the agency or person listed below:

Parent/Guardian selected SES provider as authorized by Complex Area

Name of Agency or Person Phone Number

Address City State Zip Code

Specify document(s) / information authorized for release or receipt:

Only parent/guardian contact information will be released to the SES provider I have selected.

For the purpose of:

Facilitating the start of my child's SES/Free Tutoring sessions.

This personal document(s)/information will be transmitted to the agency or person named above only on the condition that it not be shared with another agency or other person(s) without the written consent of the parent(s), or legal guardians(s), or eligible student (an "eligible student" means a student who has reached 18 years of age or is attending a postsecondary institution at any age).

Parent/Legal Guardian or Eligible Student Signature

Date

PRINTED Name of Parent/Legal Guardian or Eligible Student

Phone Number

Address City State Zip Code