



Whiteriver Unified School District

Post Office Box 190
Whiteriver AZ 85941

Jeffrey Fuller, Superintendent

Bernadine Mitchell, Administrative Assistant

APPLICATION FOR SUPPLEMENTAL EDUCATIONAL SERVICES

CHECK ONE: _____ Beginning of Year _____ Mid-Year

Name of Child _____

Date _____

Name of Child's School _____

Grade Level _____

Mailing Address _____

Phone _____

PLEASE CHECK ONLY ONE:

_____ **Yes, I want Supplemental Education Services for my child.** *If you select Yes, please*

Fill in the blank(s) below:

I want my child to participate in:

- _____ 2 Excell Learning
- _____ A Road 2 Learning
- _____ Academia Freedom
- _____ Ahead of the Class
- _____ Club Z Tutoring
- _____ Elite Community Services
- _____ Keep Hope Alive Projects
- _____ Learn It Online
- _____ Learn It Systems
- _____ Progressive Learning
- _____ Sure Prep Learning

(Detailed descriptions of services provided are available in the Principal's Office)

_____ **No, I do not want Supplemental Education Services for my child at this time.**

Deliver this application to your child's school or mail to the above address.