

Request for Supplemental Educational Services (SES)

(Daim Ntawv Rau Qhov Supplemental Educational Services - SES)

Enrollment Form

Directions/*Kev Qhia Ua*:

1. Complete all of the information below including listing your three (3) SES provider/tutoring choices.
(*Ua kom taiv tas nrog cov hauv qab no nrog rau 3 lub koom haum/kev pab SES uas koj xaiv ntawd.*)
2. A parent/guardian **must** sign this form. Services will not be approved or provided without a signature.
(*Ib tug niam txiv/tus saib xyuas **yuav tsum** kos npe rau daim ntawv no. Yuav tsis tau kev pab yog hais tias tsis kos npe.*)
3. Return this form in one of the following ways:
(*Xa daim ntawv no rov qab uas yog siv ib txoj kev hauv qab no*):
 - Drop off or mail to: HOPE Community Academy Attn: Maychy Vu, 720 Payne Avenue, St. Paul, MN 55130
(*Nqa mus rau los yog muab xa hauv kev xa ntawv mus rau ntawm: HOPE Community Academy Attn: Maychy Vu, 720 Payne Avenue, St. Paul, MN 55130*)
 - Give form to your student's teacher.
(*Muab rau koj tus me nyuam tus xib fwb.*)

SCHOOL STAFF: If you receive this form, please forward to the Director. Thank you!

Student Last Name Student First Name Date of Birth Current Grade Gender Homeroom Teacher

| | |
|---|---------------------------------|
| Parent/Guardian 1 (<i>Niam Txiv/Tus Saib Xyuas 1</i>) | |
| _____ Last Name/ <i>Xeem</i> | _____ First Name/ <i>Npe</i> |
| _____ Home Address/ <i>Chaw Nyob</i> | |
| Phone 1/ <i>Xov tooj hauv tsev 1</i> : _____ | |
| Phone 2/ <i>Xov tooj ntawm tes</i> : _____ | |
| Email: _____ | |

| | |
|---|---------------------------------|
| Parent/Guardian 2 (<i>Niam Txiv/Tus Saib Xyuas 2</i>) | |
| _____ Last Name/ <i>Xeem</i> | _____ First Name/ <i>Npe</i> |
| _____ Home Address/ <i>Chaw Nyob</i> | |
| Phone 1/ <i>Xov tooj hauv tsev 1</i> : _____ | |
| Phone 2/ <i>Xov tooj ntawm tes</i> : _____ | |
| Email: _____ | |

PLEASE COMPLETE THE FOLLOWING SECTION/THOV UA KOM TIAV KEM HAUV QAB NO:

| |
|--|
| Please list your first, second, and third choice of SES providers below. (<i>Thov sau qhov koj xub xais, qhov ib ob thiab qhov thib peb ntawm cov koom haum pab rau hauv qab no.</i>) |
| 1 st Choice/ <i>lub xub xaiv</i> : _____ |
| 2 nd Choice/ <i>lub xaiv thib ob</i> : _____ |
| 3 rd Choice/ <i>lub xaiv thib peb</i> : _____ |

Please complete other side

Request for Supplemental Educational Services (SES)

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Enrollment Form

By signing this form, you authorize HOPE Community 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.

Thaum kos npe rau daim ntawv no, koj tso cai rau HOPE Community Academy tso tawm tej kev qhia txog koj tus me nyuam rau lub koom haum SES uas koj xaiv los ntawd. Tej kev qhia no yuav siv coj npaj txoj kev kawm Individual Learning Plan (ILP) rau koj tus me nyuam. Koj tau taub hais tias, thaum muab tej kev qhia no thiab kos npe rau daim ntawv no lawm, lub koom haum ntawd muaj txoj cai yuav hu koj nyob rau pem tsev. Tsis tas li ntawd xwb, koj tau taub hais tias koj tus me nyuam tus xib fwb kuj yuav muab tej kev nws xeem tau ntawd thiab lwm yam kev kawm tau ntawd coj los mus qhia rau lub koom haum ntawd kom lawv thiaj npaj tau txoj kev zoo los pab kom koj tus me nyuam haj yam kawm tau ntawv zoo mus ntxiv.

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

(Niam txiv los yog nws tus kheej (yog hais tias muaj hnuv nyoo 18 xyoo lawm) yuav mus saib tau tej ntaub ntawv nyob rau pem tsev kawm ntawv. Cov ntaub ntawv yuav tso tawm muaj xws li):

- Official School Records (transcript – including name, address, birth day, gender, grade level, grades, credits)
- Standardized Test Results
- Special Education Records (including related services): Current Individual Education Plan (IEP)
Special Education Evaluation (most current)

1. I understand that this consent takes effect the day that I sign it. It expires on _____ or no more than one year from the date of my signature.

(Kuv tau taub hais tias daim ntawv tso cai yuav pib siv tau txij li hnuv kuv kos npe. Nws yuav siv tsis tau lawm pib kiag hnuv _____(hli/hnuv/xyoo) los yog tsis tshaj ib xyoo pib ntawm hnuv kuv kos npe.)

2. I may change this consent at any time by sending a written notice of the change to the releasing school.

(Kuv yuav hloov tau daim ntawv tso cai no hnuv twg los tau, tsuas yog sau ib daim ntawv hais tias yuav hloov li cas mus rau lub tsev kawm ntawv uas tso tej ntaub natwv no tawm xwb.)

3. School officials may disclose this information if authorized by law to do so.

(Tsev kawm ntawv yuav qhia tawm tej kev qhia no yog hais tsoom fwb (kev cai lij choj) tau hais kom as lawm.)

Print Name/ Sau Npe

Signature/Kos Npe

Date(Hli/hnuv/xyoo)

Please complete other side