

# Akron Digital Academy

## Supplemental Education Services (SES) Provider Selection Form

Please complete the form below and return to Akron Digital Academy, Attn: Meghan Ryckman, Development Coordinator, 335 South Main Street, Akron, OH 44308.

<b>STUDENT INFORMATION (PLEASE PRINT)</b>		
<b>Student's First Name:</b>	<b>Student's Last Name:</b>	<b>Student's Middle Name:</b>
<b>Grade Level:</b>	<b>Student's Birth Date:</b>	<b>E-mail Address:</b>
<b>Parent/Guardian's First Name:</b>	<b>Parent/Guardian's Last Name:</b>	
<b>Address:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Home Phone Number:</b>	<b>Work Phone Number:</b>	<b>Cell Phone Number:</b>

<b>SELECTION OF PROVIDER</b>
Indicate your first and second choice for the Supplemental Education Service provider by <b>PRINTING</b> the name of the provider you have chosen from the available list.
<b><u>Two choices must be selected before an application can be processed.</u></b>
1 <sup>st</sup> choice _____
2 <sup>nd</sup> choice _____
3 <sup>rd</sup> choice _____
<b><u>*Limit of one application per student</u></b>

<b>PARENTAL CONSENT</b>
I hereby give express permission for Akron Digital Academy to share contact and achievement information about the above student with my chosen provider.
<b>Parent Signature:</b> _____ <b>Date:</b> _____