



CUBA INDEPENDENT SCHOOL DISTRICT

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FREE TUTORING REGISTRATION FORM

Dear Parent/ Guardian at **Cuba Independent Schools**:

Great news! Your student may be eligible to receive **FREE tutoring** under the Title I Supplemental Educational Services (SES), part of the *No Child Left Behind Act*. The goal of the SES program is to help your student do well on the upcoming State test and to succeed in school. **Free tutoring** will occur outside of the regular school day in a safe environment where your child will make productive use of his/her out-of-school time.

Please complete and submit this form to your student's teacher or the federal programs office, as soon as possible, but no later than **December 15th, 2010**

Listed on the attached chart are the **Free Tutoring** programs available for your student. The last page is the registration form. Please **list your top three choices on the form**, and return the form to your student's teacher.

When choosing which **Free Tutoring** program is best for your student, you may want to ask these questions:

- ❖ When and where will the tutoring take place (at school, home, a community center)?
- ❖ How often and for how many total hours will your student be tutored?
- ❖ What programs, by grade levels and subject areas, are available for your student?
- ❖ What type of instruction will the tutor use (small group, one-on-one, or the computer)?
- ❖ What are the tutors' qualifications?
- ❖ Can the tutor help if your student has disabilities or is learning English?
- ❖ Is transportation available to and from where the tutoring will take place?
- ❖ Will tutors undergo background checks prior to working with your student?
- ❖ In what format will you be notified about your student's progress and how often?

If you have any questions about any of the information or would like some help with this process please do not hesitate to contact **Mrs. Carmen Gallegos @ 575-289-3211 X613, or cgallegos@cuba.k12.nm.us**



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FREE TUTORING REGISTRATION FORM School Year 2010-2011

Please return this registration form to Child's Teacher as soon as possible but no later than **December 15, 2010**
Please print information clearly.

Student's Name: _____

Parent/Guardian Name: _____

School: _____

Grade: _____ Teacher(s): _____

My student's main language is: _____

Other language spoken at home: _____

Home / Mailing Address: _____

City _____ NM Zip Code _____

Best phone number and/ or email address to reach me at:

Phone: _____ Email: _____

I wish to enroll my student in Supplemental Educational Services. By doing so, I understand that I will be an important part of the goal setting process for my student. I will allow my student's school to release relevant educational information regarding my student to the selected SES provider and appropriate parties for educational research and study. I understand that my name and telephone number may be released to the New Mexico Public Education Department (PED) for the purpose of surveys and analysis to improve educational services and that PED may contact me about the quality of services my child receives.

Parent/ Guardian Signature: _____ Date: _____

Please list your top three choices of tutoring companies (see attached list). If your first choice cannot be accommodated, we will attempt to accommodate you with your second choice. If your second choice cannot be accommodated, we will attempt to accommodate you with your third choice.

If we cannot accommodate you with any of your choices, we ensure that your student will be given an opportunity to receive additional academic assistance through a district or school sponsored after school program.

Choice 1 _____

Choice 2 _____

Choice 3 _____