

**Calhoun County Schools
Supplemental Educational Services
2011-2012
Letter of Intent**

Name of Provider: _____

Name of Contact Person: _____

Address: _____

Telephone: _____

FAX: _____

e-mail: _____

Please Check One:

- () Our organization has read Calhoun's Draft Contract and SES Timelines and we intend to offer Supplemental Educational Services to Calhoun District Schools for the 2011-2012 school year.

Minimum number per site: _____

A site is defined as: _____

- () Our organization is unable to offer Supplemental Educational Services to Calhoun District Schools for the 2011-2012 school year.

Authorized Provider Contact (Please Print)

Authorized Provider Signature

Date