

SES Provider Site Location Form

Instructions: In the spaces below, please provide the physical address of each site at which you serve students participating in Supplemental Educational Services (SES). You must submit *a separate form* for each Local Educational Agency (LEA) in which you operate site(s) (i.e., a provider operating sites in 5 LEAs will submit 5 separate forms) and you must submit *additional forms as needed* if you operate more than 5 sites in a single LEA. Additionally, you must update this form in a timely manner. Please check the button labeled "Add" to add a site to your list of sites within an LEA previously reported; please check the button labeled "Address Change" to change the address of a site previously reported. To submit this form, you may either: (1) click on the "Submit by Email" button; or (2) print and fax the completed form to the attention of Ms. Deanna Hill at (404) 651-9111. If you have questions or require additional information, please contact Ms. Hill by phone at (404) 656-2423 or by email at dehill@doe.k12.ga.us.

Name of Entity:					
Name of Official Contact Person:					
Street Address:					
City:	State:			Zip Code:	
Telephone:		Fax:			
LEA in which the following site(s) are located	:				
Site 1 💦 Add 💦 Address Ch	ange				
Street Address:					
City:					
State:			Zip Code:		
Site Location is a:			,		
O Business					
Community Facility					
 Place of Religious Worship 					
O Other If other, spec	cify:				
Site 2 O Add O Address Ch	hange				
Street Address:					
City:					
State:			Zip Code:		
Site Location is a:					
O Business					
Community Facility					
O Place of Religious Worship					
O Other If other, spec	cify:				
	Kathy Cox,	State Superintend	lent of Schools		

Site 3 O Add O Address Change	
Street Address:	
City:	
State:	Zip Code:
Site Location is a:	
O Business	
Community Facility	
O Place of Religious Worship	
O Other If other, specify:	
Site 4 O Add O Address Change	
Street Address:	
City:	
State:	Zip Code:
Site Location is a:	
O Business	
O Community Facility	
O Place of Religious Worship	
O Other If other, specify:	
Site 5 O Add O Address Change	
Street Address:	
City:	
State:	Zip Code:
Site Location is a:	
O Business	
Community Facility	
O Place of Religious Worship	
O Other If other, specify:	