TITLE I Supplemental Educational Services Provider Selection Form

Eligible students, in grades 1-8, must receive free or reduced lunch in Title I schools.

School Year: 2011 - 2012

Name of Student:		**Date of Birth:** / /
School:		**Grade:**
Address: **(City, State and Zip)**		
Home Phone #:	**Evening #:**	**Cell #:**

Check the boxes that apply:

☐ My son/daughter **WILL** participate in the Supplemental Educational Services program.
☐ I am selecting the following state-approved provider from the approved list provided to me.

First Choice	
Second Choice	
Third Choice	

☐ I understand that the district will enter into an agreement with the provider, and I will be notified of a time to meet with the provider to set goals for my child.
☐ I understand that the provider will regularly inform me and the student's teacher(s) of the student's progress.
☐ I understand that if funds are insufficient to cover the supplemental educational services for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.
☐ I understand that academic achievement records for my child will be released to the SES provider so that they may create an Individualized Learning Plan for my child, based on his/her academic needs.

☐ My son/daughter **WILL NOT** participate this academic year in the supplemental educational services program.

_____ _____
(Signature of Parent/Guardian) (Date)

_____
(Printed name of Parent/Guardian)

Return form as soon as possible to:

Business Operations
Plainfield Board of Education
1200 Myrtle Avenue
Plainfield, NJ 07063
(908) 731- 4373

Office Only
☐ FREE
☐ REDUCED
☐ NOT ELIGIBLE
☐ BIL
☐ SPED