

**GLOVERSVILLE ENLARGED SCHOOL DISTRICT
SUPPLEMENTAL EDUCATIONAL SERVICES
PROVIDER SELECTION FORM (Academic Year 2011 – 2012)**

Student's Name (Printed)

School

Grade

Check the Box that Applies:

My son/daughter **WILL** participate in the Supplemental Educational Services program as it is described in *No Child Left Behind*.

From the state-approved provider list below ~ please check the provider you select for your child. I select the following:

Boulevard

Murray _____

Sylvan _____

**(return form to
Thomas Komp, Principal)**

Middle School

Murray _____

Sylvan _____

Read and Succeed _____

**(return form to Paul Meher,
Family & Community Educator)**

High School

Innovadia _____

Islip Tutoring _____

Read and Succeed _____

Right Reason _____

**(return form to Matt Sherman,
Family Facilitator)**

(I understand that the district will enter into an agreement with the provider, and the provider will notify me of the services 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 prioritized on the basis of academic need as defined by the district.

My son/daughter **WILL NOT** participate this academic year in the Supplemental Educational Services program as it is described in *No Child Left Behind*.

Signature of parent/guardian

Printed name of parent/guardian

Home Address

Daytime telephone number

Evening telephone number

Email address

Date

If you have any additional questions, please contact Mr. Frank Pickus, Assistant Superintendent
Gloversville Enlarged School District
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Gloversville, NY 12078
775-5707
fpickus@gloversvilleschools.org

