

**Northern Burlington County Regional School District
Supplemental Educational Services Provider Selection Form
2011-2012**

Student Name:	
Grade:	
Address:	
Phone number(s):	

Directions: Please complete Section A if your child WILL participate in the supplemental educational services program and Section B if your child WILL NOT participate in the supplemental educational services program.

Please return this completed form in the postage paid envelope or via fax to 609-324-1702 by Monday, November 7, 2011.

Check the box that applies:

SECTION A:

- 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:
_____. I understand that I am responsible for transportation.
(supplemental educational services provider)
 - 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 my child's teacher(s) of my child'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 the New Jersey Assessment of Skills and Knowledge (NJ ASK) individual score report for my child will be released to the provider so that they may create an Individualized Learning Plan for my child, based on his/her academic needs.

SECTION B:

- My son/daughter WILL NOT participate in the Supplemental Educational Services program.

(Signature of parent/guardian)

(Date)

(Printed name of parent/guardian)