

SUPPLEMENTAL EDUCATIONAL SERVICES ENROLLMENT FORM
COVENTRY PUBLIC SCHOOLS
2009-2010

Parent/Guardian: Please complete this form and return it by mail or in person to your child's school or by fax to 860-742-4582 no later than November 20, 2009. **A separate form must be filled out for every child.** Parents/Guardians may **NOT** request **BOTH** a transfer **AND** supplemental educational services for the same child. If you need help deciding which provider best meets the needs of your child, you may call me at 860-742-7341.

INFORMATION about STUDENT				
Student Name			Date of Birth	
Student Address		City		State
State		Zip Code		
School	Grade	Teacher	Room No.	Principal

INFORMATION about PARENT/GUARDIAN	
Name	Telephone:
	Alternative Telephone:
	E-mail:
Alternate Contact Person	Telephone:
	Alternative Telephone:
	E-mail:

ACADEMIC RECORDS	
<p>Fill in the circles for all records that you are willing to share:</p>	
<input type="radio"/> CMT/CAPT Scores <input type="radio"/> DRA Score <input type="radio"/> IEP	<input type="radio"/> Individual Reading Plan <input type="radio"/> Behavior Records <input type="radio"/> Other: Please name and describe briefly:

PERMISSION to DISCLOSE STUDENT RECORDS
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By signing below, I agree to allow Coventry Public Schools to release student information, parent/guardian information and academic records for the student named above to the Supplemental Educational Services Provider selected to provide services to my child. I understand that the information provided will be used for the purposes of contacting me to arrange for services and devising a plan for providing supplemental educational services, with the goal of raising the academic achievement of said student. Services will be consistent with the content and instruction used by Coventry Public Schools and aligned with Connecticut's academic content standards. [ESEA Section 1116(e)(12)]. I further understand that said records will be used only for the stated purpose and will not be shared with another party without the prior written consent of the parent/guardian.

SIGNATURES (REQUIRED)			
WE HEREBY CERTIFY that we have read this Agreement and agree to its provisions.			
Signature of Parent/Guardian	Date Signed	Signature of School Principal	Date Signed
Signature of Provider	Date Signed	Signature of District SES Official	Date Signed

CHOOSING A SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER

Please choose an organization to provide supplemental educational services/tutoring to your child. Indicate your first choice with a “1,” your second choice with a “2,” and your third choice with a “3.” Please remember that lowest achieving students have priority for services. Although we will try to honor your first choice, this is not always possible. Higher achieving eligible students will be placed on a waiting list and may receive services later in the school year.

_____ Professional Tutors of America

_____ Sylvan Learning of Vernon

If you have any questions about filling out this form, please contact David Petrone at 860-742-7341