



Greater Johnstown School District

Supplemental Educational Services Provider Selection/Application Form

Student's Name (Printed)

Grade

Check The Box That Applies:

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

- I am selecting the state-approved provider from the list provided to me.

I select: First Choice _____

I select: Second Choice _____

I select: 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 student.
- 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, students will be prioritized on the basis of academic need as defined by the district.

My son/daughter **WILL NOT** participate in the Supplemental Education Services Program as it is described in No Child Left Behind.

This form is due back to the Johnstown Middle School by December 15, 2011.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Daytime Phone Number

Evening Phone Number