



Greenville Central School District
P.O. 129
Greenville, New York 12083

December, 2011

Dear

Enclosed is a registration form and Providers List for **Supplemental Educational Services (SES)** you requested. Please choose one of the Providers from the Provider's List, complete the Registration Form, and return it to Erin DuBois (Scott M. Ellis) or Michelle Fisher (Greenville Middle School) as soon as possible.

If you choose -

Providers 1 & 2, kindly complete the registration form and return it to us. We will contact Questar III and register your child. Option #2 is for students who will be attending the Afterschool Program.

If you choose -

Providers 3 – 71, you must contact the provider before sending us your registration. Once we receive the registration form, we will contact the provider to develop a contract and we will notify you when this process is completed. The provider will let you know when your child can begin the program.

Please keep in mind, transportation is the responsibility of the parent/guardian. **In order for your child to receive SES, he/she must qualify for free or reduced lunch prices.** If you have any questions, please call Erin DuBois (Scott M. Ellis) at 966-5070 x313 or Michelle Fisher (Greenville Middle School) at 966-5070 x453.

Sincerely,

Peter Mahan
Elementary School Principal

Brian Reeve
Middle School Principal



**Greenville Central School District
Supplemental Education Services Application**

Dear Parent/Guardian:

If your child is eligible to receive free/reduced lunch, you may want to consider this service. To access a list of approved private tutors, please go to <http://www.p12.nysed.gov/nclb/ses/ApprovedProviders/LocationList.html> and scroll down to GREENE COUNTY. Submit the form below to access this service. If you need assistance, please call Erin DuBois (Scott M. Ellis) at 966-5070 x313 or Michelle Fisher (Greenville Middle School) at 966-5070 x453.

School Name: _____

Student Name: _____ Grade: _____

Address: _____

City: _____ Zip: _____

If your child receives special services, please check what type of special education services your child receives:

- Individuals with Disabilities Education Act (IDEA)/Special Education
- Section 504 – Americans with Disabilities Act

SES Provider Requested:

Provider Name	1 st Choice	2 nd Choice

Please be aware that services will not begin until contracts with vendors are finalized, and we confirm enrollment with you. Once enrollments and contracts are finalized, we will contact you with the specifics of the program that you have selected.

Parent Contact Information:

Parent/Guardian Name: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Daytime Phone Number: _____ Evening Phone Number: _____

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 district will regularly inform me and my child's teacher(s) of my child's progress. I will sign and return an individual learning plan for my child and a parent survey sent to me by the provider at the conclusion of services. 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 transportation will not be provided by the school district.

I give permission to the school district to disclose pertinent information included in this form about my child to the service provider. Information shall be limited to what is needed to operate the SES Program.

By signing below, I also grant permission for my child named above to receive Supplemental Educational Services from the provider.

Signature of Parent/Guardian

Date