

**Tunkhannock Area School District
 SUPPLEMENTAL EDUCATIONAL SERVICES
 PROVIDER SELECTION FORM
 2009 - 2010**

Please return to: Main Office, Tunkhannock Area Middle School or to Assistant Superintendent, Tunkhannock Area School District, 41 Philadelphia Avenue, Tunkhannock, PA 18657.

Student Name	Grade
Parent/Guardian Name	Parent Signature
Address	
Parent/Guardian Phone Number	Parent/Guardian Cell Phone Number

I understand that my child may be eligible to participate in supplemental educational services (**free tutoring**). I have selected the following option and give permission for the District/school to share contact information with the approved Provider of my choosing:

_____ My son/daughter **WILL** participate in the Supplemental Educational Services free tutoring program.

_____ I am selecting the state-approved provider from the list provided to me. In the event that my first choice is unable to provide services, my child will be enrolled in the program listed as my second choice.

I select _____ as my **first** choice.
 (State-approved provider's name)

I select _____ as my **second** choice.
 (State-approved provider's name)

I select _____ as my **third** choice.
 (State-approved provider's name)

_____ 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 in the Supplemental Educational Services program.

FOR OFFICE USE ONLY					
Date Received	Date Given to Provider	Lunch Status		Approved	
		F	R	YES	NO

PARENTS: READ, SIGN, and RETURN THE WAIVER on the next page TO RELEASE INFORMATION.

Family Educational Rights and Privacy Act, 20 U.S.C. § 1232(g)
Waiver to Disclose Information

Student Name: _____

School: _____

The undersigned, the parent(s) or guardian(s) (the "Parents") of the student (the "Student") listed above, to the fullest extent permitted by applicable law, including but not limited to the federal Family Educational Rights and Privacy Act, 20 U.S.C. § 1232(g), hereby authorize **The Tunkhannock Area School District** (the "SDP) to release to

_____ (the "Contractor"),
(please leave blank, to be completed by TASD)

whom I (we) have selected as a provider of Supplemental Educational Services tutoring for the Student, information, including confidential records of the SDP concerning the Student, necessary in order to permit the Contractor to design and implement its Program of Supplemental Educational Services in a manner that will maximize the educational benefit to the Student. This Waiver constitutes my (our) written consent, as required under 34 C.F.R. § 99.30, signed and dated, before the SDP discloses personally identifiable information concerning the Student to the Contractor. Accordingly: (1) the records that the SDP may disclose to the Contractor are the Student's grades and standard test scores for the current and previous academic years; (2) the parties make this disclosure to the Contractor in order to assist the Contractor in designing and implementing the Contractor's Program with respect to the Student; and (3) the SDP may make disclosure of such records only to the Contractor, and the Contractor may share this information only with its instructors and administrators implementing the Program. If I (we) request, the SDP shall provide me (us) with a copy of the records disclosed. The Contractor shall keep all such information, and any other information I (we) may provide concerning the Student, confidential to the fullest extent provided by Applicable Law. The Contractor must procure my (our) prior written consent before releasing any information concerning the Student. The foregoing to the contrary notwithstanding, I (we) hereby consent to the release and delivery by the Contractor to the SDP information concerning the Student's performance in the Contractor's Program, including but not limited to academic performance, attendance, standardized testing and assessments and disciplinary incidents, if any.

_____/_____
Parent/Guardian Signature Date