

**Supplemental Educational Services Application
for Eligible Students in the Pioneer Central School District
School Year 2011 – 2012**

**** ONLY ORIGINAL APPLICATIONS WILL BE ACCEPTED ****

**Parent/Guardian Request for a Supplemental Education Service Provider
for English Language Arts**

Parent/Guardian Instructions: Please complete the following information and sign below. The Pioneer Central School District will confirm that your child is eligible for Supplemental Education Services. Please do not begin and/or send your child for services until you receive confirmation from the Assistant Superintendent.

Parent/Guardian Name (Please Print):	
Student Name:	Birth Date:
Current Day School: Pioneer Middle School	Grade:
Home Mailing Address:	
	Zip Code:
Home Phone:	Work Phone:
Emergency Contact Name:	Phone Number:

If you are interested in your child receiving services, please select one of the service providers from the attached list and include in the space below.

Name of Service Provider:

In the event that the District receives more than the maximum allowable eligible requests, eligible students at the lowest academic achievement levels will be given first priority.

*I give permission to the Pioneer Central School District Board of Education to release education records for my child to the Supplemental Educational Services Provider that I have selected.
I understand that these records will be used for the sole purpose of assisting my child to achieve his/her academic goals. I further understand that this information will be held strictly confidential and shared only with the Supplemental Educational Services Program.*

Parent/Guardian Signature:

Parents: PLEASE STOP HERE!

Service providers must agree to provide the services listed above in accordance with your Supplemental Education Services contract with the Pioneer Central School District. Provider must also agree to have sufficient capacity to perform the noted services.

DEADLINE: December 22nd, 2011

Please keep in mind the benefits of requesting services as soon as possible.

Return this application to:

**Mr. Silvaroli, Assistant Superintendent
PO Box 579, Yorkshire, NY 14173 or hand deliver to the District Office at 12125 County Line Road
(716) 492-9300**