

**Linden Public Schools**  
**Office of the Superintendent**  
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Rocco Tomazic, Ed. D.  
Superintendent

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Director of English & Social Studies

*Supplemental Educational Services Provider Selection Form*

<b>Student Name:</b>	
<b>School:</b>	<b>SOEHL MIDDLE SCHOOL</b>
<b>School Year</b>	<b>2011-2012</b>

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

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

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**INSERT NAME OF PROVIDER**

- 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 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, participation will be based on prioritized academic need as defined by the district.

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(Signature of parent/guardian)

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(Home telephone number)

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(Printed name of parent/guardian)

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(Cell number)