

**Supplemental Educational Services - Buffalo Public School District
School Year "2006 - 2007"**

Parent/Guardian Request For a Supplemental Service Provider

If you have selected a provider for your child, please fill in the following information and sign below. The district will confirm that your child will receive confirmation from either the BPS Office of Federal Programs or your provider.

If your child is receiving the following services please check the appropriate box.

Special Ed LEP 504

Parent/Guardian Name (Please Print): _____

Student Name: _____ Birth Date: _____ Grade: _____

School: _____

Home Address: _____

Home Phone: _____ Work: _____ Cell: _____
City State Zip-Code

Provider Selected: CAO OF ERIE COUNTY, INC.

Site requested:

Pratt Willert - 422 Pratt Street Edward Saunders - 2777 Bailey Avenue

Program requested: Reading

I give permission to the Buffalo 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 social goals. If further understand that this information will be held strictly confidential and shared only with those direct professional and supervisory staff of the Supplemental Educational Service Program.

Parent Signature

Date

Parent signature (print)

Service Provider Instructions:

Must agree to provide services listed above in accordance with your Supplemental Education Services contract with the Buffalo Public School District. You also agree that you have sufficient capacity to perform the noted services.

ALL APPLICATIONS ARE TO BE RETURNED TO

Kathy Washington

Community Action Organization of Erie County, Inc. - Youth & Family Services
70 Harvard Place - Buffalo, New York 14209-1399

(716) 881-5150 x 4312

"Putting Children and Families First, To Ensure High Academic Achievement For All."