

FREE TUTORING

Dear Parent/Guardian,

This letter is to notify you that, if your child is eligible for free or reduced lunch, he / she is eligible for free supplemental educational services (SES)/ tutoring. These services will be provided before school, after school, and/or during the summer. The services will be in addition to the regular instruction that your child receives during the school year.

You can choose a tutoring program available through the New Jersey Department of Education's (NJDOE) list of approved providers. The goal is to help your child increase academic achievement in reading, language arts, and/or mathematics.

Students are eligible for this program based on family income and attendance at a school, like Veteran's Memorial Middle School, that is identified as being in need of improvement for two or more consecutive years.

Approved service providers have agreed to provide services that are consistent with the instructional program of the Brick Township Public Schools and New Jersey State Department of Education. They have also agreed to provide you and your child's teacher(s) information on the progress of your child.

In addition to the enclosed, a list of SES providers can be found at the New Jersey Department of Education website:

<http://www.nj.gov/education/title1/program/ss/providers/apprv-1011/>

Please complete the enclosed form and return it to the following contact the following:

MaryJane Garibay
Schools In Need of Improvement Supervisor
Brick Township Public Schools
101 Hendrickson Avenue
Brick Township, New Jersey 08724

Please call MaryJane Garibay at 732-785-3000 ext. 1031 if you need additional information or have any questions.

Sincerely,

MaryJane Garibay
Schools In Need of Improvement Supervisor
Brick Township Public Schools

Supplemental Educational Services

Provider Selection Form

Student Name:	
School:	
School Year	
Summer:	

Check the box that applies:

- My daughter/son **WILL** participate in the Supplemental Education Services program.
- I am selecting the following State-Approved provider from the approved list provided to me:

(Name of Supplemental Educational Services Provider) (Provider 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 educational goals for my child.
 - I understand that the provider will regularly inform me and my child's teacher(s) of her/his 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.

- My daughter/son **WILL NOT** participate at this time in the Supplemental Educational Services program.

(Signature of Parent/Guardian)

(Date)

(Parent/Guardian's Name –Printed)

(Daytime Phone Number)

(Alternative Phone Number)

PLEASE SUBMIT THIS FORM TO THE FOLLOWING:

MaryJane Garibay
Supplemental Educational Services
101 Hendrickson Avenue, Brick Township, New Jersey 08724
mgaribay@brickschools.org 732.785.3000 ext. 1031