

FREE TUTORING (SUPPLEMENTAL EDUCATIONAL SERVICES) 2009-2010 PROVIDER SELECTION FORM

Parent/Guardian: Please complete the entire form (front & back) and return in the stamped envelope provided. If the envelope is lost please return to: School District of Pittsburgh, Title Programs Office, Tamiya Larkin, 341 S. Bellefield Avenue – Room 221, Pittsburgh, PA 15213

1. I am applying for FREE tutoring for my child listed below. (Complete one form per child. Please duplicate this form if additional forms are needed.)

Name of Student: _____

School: _____ Grade: _____ Student ID: _____

2. Write in your provider selection. (Please see provider list in booklet.)

First Choice - Provider Name: _____

Second Choice - Provider Name: _____
(Second choice will automatically be given if first choice is not available.)

Third Choice - Provider Name: _____
(Third choice will automatically be given if first and second choices are not available.)

3. Parent contact information and consent. (Please print clearly.)

Name of Parent: _____

Mailing Address: _____

Telephone Number: _____ Cell Phone: _____

I understand that my child may be eligible to participate in Supplemental Educational Services (free tutoring). I have selected the above three options and I give permission for the District/school to share contact information with the approved Provider of my choosing. In the event my first/second choice is unable to provide services, my child will be enrolled in the next selected program.

Parent or Guardian Signature

Date

**IMPORTANT: PLEASE TURN OVER THIS FORM, READ THE WAIVER AND SIGN AND DATE WHERE INDICATED.
IF YOU HAVE QUESTIONS, PLEASE CALL (412) 622-3727.**

FOR OFFICE USE ONLY

DATE RECEIVED	DATE GIVEN TO PROVIDER	NSLA STATUS		APPROVED	
		F OR R	NONE	YES	NO

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT, 20 U.S.C. § 1232(G) WAIVER TO DISCLOSE INFORMATION

Name of Student: _____

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 School District of Pittsburgh** (the "SDP") to release to

_____ (the "Contractor"),

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.

Date: _____, 2009

Parent(s) or Guardian(s) Signature

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