

WAYLAND-COHOCTON CENTRAL SCHOOL DISTRICT 2011-2012 NCLB TUTORING PROVIDER SELECTION FORM

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Please indicate which days you would like your child to participate in tutoring:

M T W Th

Tutoring Choices:

Sylvan Learning Center
Club Z!
Project Success
Achieve HighPoints
Learner First, LLC
Innovadia
Kinetic Potential Scholars

See Attached Information Sheets for descriptions

Complete the Following Information:

Child's Name: _____

Date of Birth: _____

Parent's Name: _____

Subject Area: ELA Math Grade: _____

Home Address: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____

Email Address: _____

English Spoken at Home: Yes No If no, what language: _____

**PLEASE RETURN COMPLETED FORM BY
THURSDAY, DECEMBER 1, 2011**

PLEASE READ AND SIGN

I understand that services will not begin until I have received written confirmation from the Wayland-Cohocton Central School District that funding is available and my child is eligible for these services. I authorize the District to release all education records relating to my child to the tutoring agencies that I have chosen. I understand that these records will be released so that the tutor may better meet the needs of my child. This includes, but is not limited to Individualized Education Plans (IEP), 504 Plans, AIS plans and report cards.

Parent/Guardian Signature: _____ Date: _____