



The New Britain Educational Administration Center
Supplemental Educational Services
272 Main Street, P.O. Box 1960
New Britain, Connecticut 06050-1960
(860) 827-2276 Fax: (860) 612-1527
volz@csgnb.org

September 2008

Dear Parent/Guardian:

Your child may be eligible for free tutoring services through the No Child Left Behind supplemental educational services (SES) program. The main requirements are that your child receives **free or reduced lunch and attends a school named “in need of improvement”**. If you meet these conditions and wish to partake of the tutoring services available, complete and return the SES application form included with this letter. Please check only one of the boxes to indicate the name of the provider you choose for your child. This letter may be returned to your child’s teacher or sent directly to me at the address noted above. Attached is a list of the State-approved providers that will service New Britain. You may wish to review their programs at the websites provided or contact them directly at the telephone numbers listed before making your choice.

Once your application is received, we will verify the eligibility of your child. All eligible student’s names, contact information, and testing information will be given to the provider that you select. They will contact you to set up a meeting with you and your child to go over his/her needs. If you do not hear from an agency within six weeks of submitting your application to our office, please contact us at 827-2276 so that we may follow up.

You will receive a notice from our office if your child **does not** meet the eligibility requirements stated above.

The New Britain School District is **not responsible** for providing transportation, although individual providers may offer this option.

Please complete the application form and return it as soon as possible so that we may begin the process of assigning your child to a tutoring service.

Sincerely,

Carole Volz

Carole Volz
Supplemental Educational Services Facilitator



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APPLICATION FOR TUTORING SERVICES

My child receives free lunch reduced lunch

My child attends the following school identified as “in need of improvement”:

Elementary Schools: Chamberlain Lincoln
 DiLoreto Northend
 Gaffney Smalley
 Holmes Vance
 Jefferson

Middle Schools: Pulaski Roosevelt Slade

New Britain High School

(Please print)

Child’s Name: _____ Grade: _____

Parent(s) Name: _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Parent’s CellPhone: _____

Parent’s Work Phone or Emergency Number _____ E-Mail: _____

Choose Only One of the Providers Listed Below

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Ace It/Sylvan
(Southington) | <input type="checkbox"/> Ace It/Sylvan
(Bishop’s Corner,
West Hartford) | <input type="checkbox"/> Comprehensive
Enrichment | <input type="checkbox"/> Futures |
| <input type="checkbox"/> Open Doors | <input type="checkbox"/> Options | <input type="checkbox"/> Princeton Review | <input type="checkbox"/> Smarties |

Your signature below authorizes the New Britain School District to share your child’s assessment information with the Supplemental Educational Services provider that you have chosen (upon verification of the above information and your child’s acceptance into the program).

Parent’s Signature: _____ Date: _____