

Supplemental Education Services
Buffalo Public School District
School Year 2003-2004

Parent/Guardian Request
For a Supplemental Service Provider

Parent/Guardian Instructions: 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 these services. Please do not send your child for services until you receive confirmation from 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:** _____

School: _____ **Grade:** _____

Home Address: _____ **Zip:** _____

Home Telephone: _____ **Work Telephone:** _____

Provider Selected: _____ **Location:** _____

Parent/Guardian Signature: _____

Program Requested: () Math/Reading () Math Only () Reading Only (Check one)

Parents: PLEASE STOP HERE!

Service Provider Instructions:

DO NOT PROVIDE SERVICES UNTIL YOU RECEIVE A PURCHASE ORDER!

***PARENTS -** Return this application to your child's school or to: Office of Federal Programs,
Buffalo Public Schools, , 427 City Hall, Buffalo, New York 14202 - Phone (716) 851-3561
Fax (716) 851-3554, **no later than October 24, 2003.**

***PRINCIPALS -** Return to the Office of Federal Programs
Please return all applications by October 29, 2003.

"Putting children and families first, to ensure high academic achievement for all"