

**CLIFTON PUBLIC SCHOOLS
CHRISTOPHER COLUMBUS MIDDLE SCHOOL
350 PIAGET AVENUE
CLIFTON, NEW JERSEY 07011**

Ms. Susan Peters
Principal

October 12, 2011

Dear Parent/Guardian,

As you were informed in our letter dated August 28, 2011, Christopher Columbus Middle School will once again be providing Supplemental Educational Services to eligible students. Supplemental Educational Services are designed to help students increase their academic achievement and to meet state standards. As the parent of an eligible student, you have the option of requesting these services and choosing the supplemental service provider you want for your child.

Supplemental service providers must be selected from the state-approved list. The complete list of providers is on the NJDOE website at:

<http://education.state.nj.us/ses/2011>

with the list of providers in the northern region of New Jersey enclosed with this letter. Upon your request, your child's counselor may review this list and assist you in selecting an appropriate provider to meet your child's needs.

Requests for supplemental services are to be made by filling out the enclosed response form and returning it to the CCMS Main Office by Friday, November 4, 2011. Although there is open enrollment until March 30, 2012, early participation will maximize results. All parents must sign and return the enclosed form. In order to help you better understand your options regarding Supplemental Service Providers the district is providing several meetings for you to choose to attend. Meetings will be held at CCMS according to the following schedule:

Wednesday, 9:00 AM, October 19, 2011 CCMS Auditorium

Thursday, 3:00 PM, October 20, 2011 CCMS Auditorium

Thursday, 6:30 PM, October 20, 2011 CCMS Auditorium

Spanish, Polish and Arabic translators will be present at the meetings to provide multi-lingual assistance. If you have any questions, please call 973-470-2360. The opportunity to enroll in Supplemental Services is open only until March 30, 2012. After that date, no further requests can be made.

Sincerely,
Susan Peters
Susan Peters
Principal

SUPPLEMENTAL EDUCATIONAL SERVICES
PROVIDER SELECTION MEETING FORM

| | |
|--------------------------|---|
| SCHOOL: | CHRISTOPHER COLUMBUS MIDDLE SCHOOL |
| SCHOOL YEAR: | 2011-2012 |
| STUDENT NAME: | |
| PARENT NAME: | |
| PARENT SIGNATURE: | |

Check the following that applies:

No, my son/daughter **WILL NOT** participate this academic year in the supplemental services program. I will not attend the meeting offered.

Yes, my son/daughter **MAY** participate this academic year in the supplemental services program. I will attend the following meeting in order to learn more about services available:

INFORMATIONAL MEETINGS:

9:00 AM, October 19, 2011 CCMS Auditorium

3:00 PM, October 20, 2011 CCMS Auditorium

6:30 PM, October 20, 2011 CCMS Auditorium

Yes, I am interested in learning more about supplemental services for my child, but I cannot attend the meetings provided. Please contact me at:

Phone Number: _____

Best time to call _____

Phone Number: _____

Best time to call _____

Please provide at least two time periods and phone numbers to best reach you. An individual appointment may be scheduled if needed.

Please complete and return both forms.

**SUPPLEMENTAL EDUCATIONAL SERVICES
PROVIDER SELECTION FORM**

| | |
|--------------------------|---|
| SCHOOL: | CHRISTOPHER COLUMBUS MIDDLE SCHOOL |
| SCHOOL YEAR: | 2011-2012 |
| STUDENT NAME: | |
| PARENT SIGNATURE: | |

Check the following that applies:

No, my son/daughter **WILL NOT** participate this academic year in the supplemental services program. I am aware of my options and am declining services.

Yes, my son/daughter **WILL** participate this academic year in the supplemental services program. I am aware that I am responsible for registering my child following the guidelines developed between the district and the service provider. I am further aware that I am responsible to transport my child to and from services and to ensure their regular attendance. I am aware that if my child fails to attend according to the program requirements that he/she will be dropped from the program. I am interested in registering my child for the following service. Please fill in the providers that you are interested in from the attached list of NJDOE approved SES providers.

| Name of Provider: | Location: |
|--------------------------|------------------|
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| | |
| | |

Parent Name: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Best Time to Schedule: _____