



# LEAP ACADEMY UNIVERSITY CHARTER SCHOOL

549 Cooper Street, Camden, New Jersey 08102  
Phone: 856-614-0400 ext. 5086/ Fax: 856-614-5099

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## *Leadership, Education and Partnership*

January 12, 2012

Dear LEAP Parent,

Help your child succeed in school—sign up for free tutoring! As a result of the federal *No Child Left Behind Act of 2001*, your child can receive extra help in the approved subject areas. You can receive this free tutoring service because LEAP is in its second year or later of school improvement, your child has academic need and is enrolled in the free or reduced lunch program.

You can choose a free tutoring program that is best for your child. A list of approved tutoring programs in your area is enclosed. These programs have been approved by the State of New Jersey Board of Education.

**A vendor fair of SES providers will be held during LEAP's next Parent Teacher Conference on February 7. Please plan to meet and select the best tutoring services provider for your child.**

When deciding which tutoring program is best for your child, you may want to consider these questions:

- When and where will the tutoring take place (at school, community center)?
- How often and for how many hours in total will your child be tutored?
- What programs, by grade levels and subject areas, are available for your child?
- What type of instruction will the tutor use (small group, one-on-one, or the computer)?
- What are the tutor's qualifications?
- Can the tutor help if your child has disabilities or is learning English?
- Is transportation available to and from where the tutoring will take place?

You may select a tutoring service provider by referring to the State of New Jersey Provider list and completing Supplemental Educational Services Provider Selection Form and return it to:

Mary Rivera, Director  
District Wide Grants & Reporting  
LEAP Academy  
549 Cooper Street  
Camden NJ 08102

Mary Rivera may be reached at 856-614-2091 or [maryri@camden.rutgers.edu](mailto:maryri@camden.rutgers.edu)

This information is also available on LEAP's website:

[http://www.leapacademycharter.org/Parents\\_Council.html](http://www.leapacademycharter.org/Parents_Council.html)

Cc: Mr. Charles Benito  
Ms. Vanessa Jones  
Peg Martinez

## *Supplemental Educational Services Provider Selection Form*

<b>Name of Student:</b>		
<b>School: LEAP Academy University Charter School</b>		
<b>Date of Birth:</b>	<b>Grade:</b>	
<b>Address:</b>		
<b>City, State, Zip:</b>		
<b>Home Phone #:</b>	<b>Evening #:</b>	<b>Cell #:</b>

**Directions:** Please complete Section A if your child **WILL** participate in the supplemental educational services program or Section B if your child **WILL NOT** participate in the supplemental educational services program. If you selected SECTION A, please select three providers you feel will best serve the needs of your child. Rank them in order of preference. Efforts will be made to accommodate your first choice, but space constraints or other factors may restrict us from offering that option. In that case, we will enroll your child with your second or third choice respectively.

**Check the box that applies:**

**SECTION A:**

- My son/daughter **WILL** participate in the Supplemental Educational Services program.
  - I am selecting the following state-approved provider from the approved list provided to me.

<b>First Choice</b>	
<b>Second Choice</b>	
<b>Third Choice</b>	

- I understand that the district will enter into an agreement with the provider, and I will be notified of a time to meet with the provider to set goals for my child.
- I understand that the provider will regularly inform me and the student's teacher(s) of the student's progress.
- I understand that if funds are insufficient to cover the supplemental educational services for all of the students who choose to participate, participation will be based on prioritized academic need as defined by the district.
- I understand that academic achievement records for my child will be released to the SES provider so that they may create an Individualized Learning Plan for my child, based on his/her academic needs.

**SECTION B:**

- My son/daughter **WILL NOT** participate this academic year in the supplemental educational services program.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed name of parent/guardian)