Request for Part-Time Attendance or Ancillary Services From Private School Student or a Student Receiving Home-Based Instruction

Name of student ______________________  Birthdate ___________  Grade _____

Address of student__________________________________________________________

City and zip code___________________________________________________________

Name of parent_____________________________________________________________

Telephone: (Work No.)____________________(Home No.)___________________________

IF REQUEST IS MADE BY PRIVATE SCHOOL STUDENT:

Name of private school: ______________________________________________________

As the parent of ________________________________, I attest that the services requested are not provided in the private school that my child attends.

Services requested: __________________________________________________________

________________________________________________________

Public school where service is requested: ______________________________________

Signature of parent or guardian: ______________________________________________

Date: ________________________________

Service or course requested and date(s) student wants to participate:

Service/course: ________________________ Date: ______________________________

Service/course: ________________________ Date: ______________________________

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Service/course: ________________________ Date: ______________________________

Return to: office of the local school district superintendent