



**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.) \_\_\_\_\_ (Cell 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(s) \_\_\_\_\_

Service/course \_\_\_\_\_ Date(s) \_\_\_\_\_

Service/course \_\_\_\_\_ Date(s) \_\_\_\_\_

Service/course \_\_\_\_\_ Date(s) \_\_\_\_\_

**Return to the office of the local school district superintendent**