



PART-TIME ATTENDANCE OR ANCILLARY SERVICES REQUEST

FROM PRIVATE SCHOOL STUDENT OR STUDENT RECEIVING HOME-BASED INSTRUCTION

_____ Student's Name	_____ Birthdate	_____ Grade	
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Parent(s)/Guardian(s) Name(s)	_____ Home Phone	_____ Work Phone	
_____ Address	_____ City	_____ State	_____ Zip Code

Please ✓ one:

_____ Private School student – School Name _____
(Parent attests that the Private School does not provide the requested service)

_____ Home-based student

Services requested: _____

Dates for services requested: _____ Hrs/Wk: _____

School where service is requested: _____

Transportation to and from school will be provided by the parent/guardian.

Please return this form to the school office where service will be received.

Parent/Guardian Signature

Date

_____ Approved _____ Denied

Principal signature

Date

Director, Student Services (if requesting special service)

Office Use Only

_____	Immunization Form
_____	Registration Form
_____	Homeschool Reg. Form
_____	District Waiver

Original: Student Services
Copy: Originating School