



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 select 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

<input type="checkbox"/> Immunization Form
<input type="checkbox"/> Registration Form
<input type="checkbox"/> Homeschool Reg. Form
<input type="checkbox"/> District Waiver

Original: Student Services
Copy: Originating School