



**REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES  
FROM A PRIVATE SCHOOL STUDENT OR A STUDENT RECEIVING HOME-BASED INSTRUCTION**

School Year: \_\_\_\_\_

Student Name:	Birthdate (Month/Day/Year)	Grade Level
Address of Student:		
City and Zip Code:		
Name of Parent:	Telephone Number:	

*IF REQUEST IS MADE BY PRIVATE SCHOOL STUDENT:*

Name of Private School:
Public School were services is requested:

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

Services Requested:

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**  
**SERVICES OR COURSE REQUESTED AND DATE(S) STUDENT WANTS TO PARTICIPATE:**

Service/course:	Date:
Service/course:	Date:
Service/course:	Date:
Service/course:	Date:

Staff Contact Name: \_\_\_\_\_

RETURN TO: