

Wenatchee School District

Private School or Home Based Instruction Students
Request for Part-Time Attendance

Or
Ancillary Services

Student Name _____ Birthdate _____ Grade _____

Address _____ City _____, WA Zip Code _____

Parent Name _____

Home Telephone No _____ Work Telephone No _____

____ Home School

____ Private School Name of 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: _____

Parent/Guardian Signature _____ Date _____

Services or courses requested

Services/Courses _____ Date _____

Services/Courses _____ Date _____

Services/Courses _____ Date _____

Services/Courses _____ Date _____

Services/Courses _____ Date _____