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.) _____

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: _____

Service/course: _____ Date: _____

Service/course: _____ Date: _____

Service/course: _____ Date: _____

Return to: La Conner School District - Superintendent's Office
Please retain a copy for your records.