

# Issaquah School District

## Request for Part-Time Attendance or Ancillary Services From a 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: Office of the Registrar**