

Northshore School District

DISTRICT FORM
3114-2

NORTHSHORE SCHOOL DISTRICT No. 417
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.) _____

Email: _____

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: _____

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: Student Services
3330 Monte Villa Parkway
Bothell, WA 98021
nsdwaivers@nsd.org
425 408 7729 (fax)