

Richland School District

Request for Part-Time Attendance From a Student Receiving Home-Based Instruction

Name of Student _____ Birthdate _____ Grade _____

Address of Student _____

City and Zip Code _____

Name of Parent(s) _____

Telephone (Work) _____ (Home) _____

Course(s) requested

| | For School Use Only: Please record days/times that requested course meets |
|---------|---|
| Course: | |
| Course: | |
| Course: | |
| Course: | |
| Course: | |

Signature of Parent/Guardian _____

Date _____

Return to:
Student Services Department
Richland School District
615 Snow Ave.
Richland, WA 99352