



## Request for Part Time Attendance or Ancillary Services

*for Private School Student or a  
Student Receiving Home-Based Instruction*

Name of Student: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Public school where service is requested: \_\_\_\_\_

Service or course requested and date(s) of participation:

Service / Course \_\_\_\_\_ Date: \_\_\_\_\_

Service / Course \_\_\_\_\_ Date: \_\_\_\_\_

Service / Course \_\_\_\_\_ Date: \_\_\_\_\_

Service / Course \_\_\_\_\_ Date: \_\_\_\_\_

Dates of service or course requested: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

(Typing your full name and check the box will act as your digital signature)

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**IF REQUEST IS MADE BY PRIVATE SCHOOL STUDENT:**

Name of private school: \_\_\_\_\_

As the parent/guardian of student listed above, I attest that the services requested are not provided in the private school which my child attends.

**RETURN TO:** Office of Assistant Superintendent, Peninsula School District  
14015 62<sup>nd</sup> Ave. NW, Gig Harbor, WA 98332  
253-530-1007 - Fax: 253-248-0652 - tallmanr@psd401.net