

EATONVILLE SCHOOL DISTRICT

**Krestin Bahr,
Superintendent**

Together, we commit to excellence in education and preparation for life.

Request for Part Time or Ancillary Services from Private School Student or Student Receiving Home Based Instruction

Please Check One **Request for Part Time Attendance** **Request for Ancillary Services**
Please Check One **Private School Student** **Home-based Instruction Student**

Name of student: _____ Age: _____ 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 form to: Krestin Bahr, Superintendent
Eatonville School District Office
200 Lynch Street ~ P. O. Box 698
Eatonville, WA 98328

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