

Lake Washington School District
Request for Part-Time Attendance or Ancillary Services
From 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 (Printed) _____

Telephone (Work) _____ (Home) _____

Public school where service is requested: _____

Service(s) or course(s) requested:

Service/Course: _____

Service/Course: _____

Service/Course: _____

Service/Course: _____

Date Service(s) begin: _____

Signature of parent or guardian: _____

Date: _____

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.

Signature of parent or guardian: _____

Date: _____

Return to: Paula Ogbevoen c/o Lake Washington School District through either

Email: (pogbevoen@lwsd.org)

Mail or drop off: 16250 NE 74th St, Redmond WA 98052

Fax: 425-936-1213