



Request for Part-Time Attendance or Ancillary Services for Private School or Home-Based Instruction Students

Student Name: _____ Birthdate: _____ Grade: _____

Student Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

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: _____

Parent/Guardian Signature: _____ Date: _____

Service or course requested, and date(s) student wants to participate:

Service/course: _____ Date: _____

Service/course: _____ Date: _____

Service/course: _____ Date: _____

Service/course: _____ Date: _____

Form may be submitted via e-mail, mail, or in person.
Kayla Steckler kayla.steckler@rentonschools.us
300 SW 7th Street, Renton, WA, 98057 | 425.204.2345