NORTHSHORE SCHOOL DISTRICT No. 417
Request for Part-Time Attendance or Ancillary Services from a 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 ______________________________________________________________

Telephone: (Work No.) __________________________ (Home No.) ______________________

Email: ________________________________________________________________

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: ____________________________________________________________

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 to: Student Services
3330 Monte Villa Parkway
Bothell, WA 98021
nsdwaivers@nsd.org
425 408 7729 (fax)