

**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](mailto:pogbevoen@lwsd.org))**

**Mail or drop off: 16250 NE 74<sup>th</sup> St, Redmond WA 98052**

**Fax: 425-936-1213**