

# EATONVILLE SCHOOL DISTRICT

Gary Neal,  
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:** Gary Neal, Superintendent  
Eatonville School District Office  
200 Lynch Street ~ P. O. Box 698  
Eatonville, WA 98328

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