

Shared-Time Program Application

Student's Name: _____ Grade: _____

Home School Registered: Yes No

Resident Address: _____

Parent/Guardian Name: _____

School Year: _____ Date of Submission: _____

Family Need/Rationale for Shared-Time Program(s):

Shared-Time Program(s) Request

Preferred School: _____

Subject(s)

Optional Cooperative Agreement Request

Activity(s)

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

District Administrative Approval:

Approved

Denied

Approved with the following modifications:

District Administrative Decision-Makers:

Director of Equity & Enrollment

Date: _____

Building Principal

Date: _____