



South Kitsap School District

School & Staff Support

Part-Time Public School Attendance Request to Attend

Students residing in the South Kitsap School district and enrolled in private schools or participating in home-based instruction may access any school district instructional program. Participation in requested programs is conditional upon the time and location programs are conducted in the service area school. Access to schools outside the student's service area must be requested upon Open Enrollment – RCW 28A.150.350 - Part-time students and WAC 392.134.010 – Attendance rights of part-time public school students. Proof of full immunization must be provided to the service area school **prior** to the student's attendance in school programs – WAC 392.380.045 – School attendance conditioned upon presentation of proofs.

COMPLETE THIS FORM AND RETURN IT TO YOUR SERVICE AREA SCHOOL
(Please Print)

Student Name: _____

Birthdate: _____ Age: ____ Grade: ____ Gender: Male ____ Female ____

Parent/Guardian Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact Name: _____ Phone: _____

Requested School: _____ Service Area School: _____

Course(s)/Program(s) Requested:

1. _____ 3. _____

2. _____ 4. _____

Anticipated Length of Participation (i.e., September to June; duration of the course, etc.):

Parent/Guardian Signature: _____ Date: _____

OVER →

SCHOOL USE ONLY

Student's Name: _____ Grade: _____

Service Area School: _____

Immunizations Current? Yes: _____ No: _____

List the title of the course(s)/program(s) to be provided by the school and the times and schedules offered:

1. _____ Time: _____

Day(s) of the week: _____

Location on school campus: _____

2. _____ Time: _____

Day(s) of the week: _____

Location on school campus: _____

3. _____ Time: _____

Day(s) of the week: _____

Location on school campus: _____

4. _____ Time: _____

Day(s) of the week: _____

Location on school campus: _____

Special Circumstances (if any): _____

Start Date: _____ End Date: _____

Principal Signature: _____ Date: _____

UPON FINALIZATION OF TERMS OF PARTICIPATION – RETURN A COPY TO PARENT/GUARDIAN