

## 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):

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### Shared-Time Program(s) Request

Preferred School: \_\_\_\_\_

Subject(s)

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## Optional Cooperative Agreement Request

Activity(s)

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Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### District Administrative Approval:

Approved

Denied

Approved with the following modifications:

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### District Administrative Decision-Makers:

\_\_\_\_\_  
Assistant Superintendent

Date: \_\_\_\_\_

\_\_\_\_\_  
Building Principal

Date: \_\_\_\_\_