

Northshore School District

DISTRICT FORM  
3114-2

NORTHSHORE SCHOOL DISTRICT No. 417  
Request for Part-Time Attendance or Ancillary Services from a 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 \_\_\_\_\_

Telephone: (Work No.) \_\_\_\_\_ (Home No.) \_\_\_\_\_

Email: \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 to: Student Services  
3330 Monte Villa Parkway  
Bothell, WA 98021  
[nsdwaivers@nsd.org](mailto:nsdwaivers@nsd.org)  
425 408 7729 (fax)