

Longview Public Schools

**Request for Part-Time Attendance or Ancillary Services
From 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.) _____

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 to: office of the local school district superintendent