

**HOCKINSON SCHOOL DISTRICT**

**17912 NE 159th Street  
Brush Prairie, WA 98606**

**Request for Part-Time Attendance or Ancillary Services  
for Student Attending a Private School or Homeschooling**

**STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

My child is attending private school at: \_\_\_\_\_

As the parent of \_\_\_\_\_, I attest that the following services are not provided through the private school that my child attends.

Services or Courses requested:

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

As the parent of \_\_\_\_\_, I request that the Hockinson School District provide the following services or courses:

Service/course: \_\_\_\_\_ Date: \_\_\_\_\_

Service/course: \_\_\_\_\_ Date: \_\_\_\_\_

Service/course: \_\_\_\_\_ Date: \_\_\_\_\_

Service/course: \_\_\_\_\_ Date: \_\_\_\_\_

My Child Attends:  Hockinson Elementary School  Hockinson Middle School  Hockinson High School

I have reviewed this request for part-time attendance.

\_\_\_\_\_  
Principal Signature Date

For District Office Use	Date Received: _____	Received By: _____
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**Return to: Office of the Superintendent  
Hockinson School District  
17912 NE 159th Street  
Brush Prairie, WA 98606  
(360) 448-6400 FAX: (360) 448-6409**