

**Request for Part-Time Attendance or Ancillary Services  
From a Private School Student or a Student Receiving  
Home Based Instruction**

<b>ATTENTION:</b>	District Records Department
<b>Public School District:</b>	North Kitsap School District
<b>Address:</b>	18360 Caldart Ave. N.E. Poulsbo, WA 98370
<b>Email:</b>	districtrecords@nkschools.org
<b>Phone:</b>	(360) 396-3588
<b>FAX:</b>	(360) 396-3935

<b>DISTRICT OFFICE USE:</b>

School Year: \_\_\_\_\_

<b>Name of Student:</b>	<b>Date of Birth:</b>	<b>Grade:</b>
<b>Parent/Guardian Signature:</b>		<b>Date:</b>
<b>Print Parent Name:</b>		
<b>Street address:</b>		
<b>City:</b>		<b>Zip:</b>
<b>Phone:</b>	<b>E-mail:</b>	

**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.

**Service or course requested and date(s) student wants to participate:**

<b>Service/Course:</b>	<b>Date:</b>
<b>Service/Course:</b>	<b>Date:</b>
<b>Service/Course:</b>	<b>Date:</b>
<b>Service/Course:</b>	<b>Date:</b>

**If Request is made by PUBLIC SCHOOL Student:**

**Name of Public School where service is requested:** \_\_\_\_\_

**Service or course requested and date(s) student wants to participate:**

<b>Service/Course:</b>	<b>Date:</b>
<b>Service/Course:</b>	<b>Date:</b>
<b>Service/Course:</b>	<b>Date:</b>
<b>Service/Course:</b>	<b>Date:</b>
<b>Service/Course:</b>	<b>Date:</b>