

Lake Stevens School District
**Request for Part-Time Attendance for Ancillary Services
from Private School Student
or Student Receiving Home-Based Instruction**

Name of Student: _____ Birthdate: _____ Grade: _____

Address: _____ City/Zip Code: _____

Name of Parent: _____

Telephone (Home #): _____ (Work #): _____

I hereby request that the child named above be enrolled part-time at _____ School
in the following courses:

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

Service/Course: _____ Date: _____

Service/Course: _____ Date: _____

Service/Course: _____ Date: _____

Service/Course: _____ Date: _____

Although transportation is the responsibility of the parent, students may access an existing bus route on a seat available basis only.

I hereby request the following ancillary services:

- | | |
|---|---|
| <input type="checkbox"/> Annual Standardized Testing - <i>I understand that such testing is available at my neighborhood school and that I may have my child participate in the testing at the time scheduled at the building for all students.</i> | |
| <input type="checkbox"/> Psychological Services | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Speech and Hearing Therapy | <input type="checkbox"/> Remedial Instruction |
| <input type="checkbox"/> Home or Hospital Instruction | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Sport Activities: Specifically | <input type="checkbox"/> Other Co-curricular Activity: Specifically |

_____ is receiving the balance of his/her instruction in full compliance with the
(Child's Name) Compulsory Attendance Law, Chapter 28A.225.010 RCW, as:

- a home-based student
 a student attending an approved private school or an extension thereof

Lake Stevens School District permits the enrollment of and provides ancillary services for part-time students pursuant to RCW 28A.150.350 and WAC 392-134, provided such students are otherwise eligible for full-time enrollment in the district and such services or courses are not available in the student's approved private school or an extension thereof. When possible, ancillary services will take place in the attendance zone school.

Signature of Parent/Guardian: _____ Date: _____