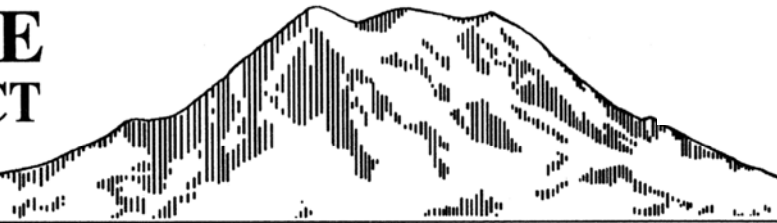


EATONVILLE SCHOOL DISTRICT



Together, we commit to excellence in education and preparation for life.

Request for Part Time or Ancillary Services from Private School Student or Student Receiving Home Based Instruction

Please Check One **Request for Part Time Attendance** **Request for Ancillary Services**
Please Check One **Private School Student** **Home-based Instruction Student**

Name of student: _____ Age: _____ 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 form to: Superintendent
Eatonville School District Office
200 Lynch Street ~ P. O. Box 698
Eatonville, WA 98328

Revised 08-13