Puyallup School District

Optional Homeschool Information

GENDER: ☐ MALE ☐ FEMALE

ETHNICITY: ☐ Am. Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Caucasian ☐ Multiracial

☐ YES ☐ NO Participating in Running Start (11th and 12th graders only)

_____ (Student Name)

☐ YES ☐ NO Has student(s) previously attended a Puyallup Public School?

Student(s) Name_____

_____

_____

Home/Cell Phone Number:_____

E-Mail Address:_____

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

Name of student:_____ Birthdate:_____ Grade:_____

Address of student:_____

City and zip code:_____

Name of parent:_____

Telephone – Home/Cell #:_____ Work #:_____

E-Mail:_____

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: **Puyallup School District**
Attn: Shelly Teele
302 2nd St. SE
Puyallup, WA 98372