



LYONS TOWNSHIP HIGH SCHOOL

District 204

NORTH CAMPUS
100 S. Brainard Ave.
LaGrange, IL 60525

SOUTH CAMPUS
4900 S. Willow Springs Rd.
Western Springs, IL 60558

REQUEST FOR INTERPRETER SERVICES

Student Name: _____

Parent/Guardian Name: _____

Telephone Number: (Home) _____ (Cell) _____

Email Address: _____

Date and Time of Meeting: _____

Language Needed: _____

Are you requesting that the Interpreter serve no other role at the meeting? Yes No

Parent/Guardian Signature

Date

If you have questions or complaints about interpreter services, please contact the Lyons Township High School Special Education office at (708) 579-6521.

FOR SCHOOL USE ONLY

Date of Receipt: _____

Date Logged: _____

Received By: _____