



Parent Request for Part Time Attendance or Ancillary Services

For School Year: _____

Request for part-time attendance or ancillary services from a private school student or a student receiving home-based instruction.

Student Name _____ Date of Birth _____ Grade level _____
First Name Last Name

Student currently: attends a private school home-schooled with Form 3114F1 on file has an IEP

Please list below the service or course requested and term(s) student wants to participate.

Service requested (other than course) _____

Course Requested _____	Semester (check all that apply) 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Course Requested _____	Semester (check all that apply) 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Course Requested _____	Semester (check all that apply) 1 <input type="checkbox"/> 2 <input type="checkbox"/>

Full-time enrollment in Snohomish elementary and secondary schools is defined as attendance for a full school day.

School where service is requested: _____

Please complete the following if your child currently attends a private school.

Name of private school: _____

As the parent/guardian of said student, I attest that the services requested are not provided in the private school that my child is currently attending.

PARENT/GUARDIAN INFORMATION:

Name: _____

Street Address: _____

Contact Phone: _____ Email: _____

Signature: _____ Date: _____

Mail completed form to: Sonya Lang at Snohomish School District #201
1601 Avenue D, Snohomish WA 98290
360-563-7240 or email: sonya.lang@sno.wednet.edu

District Use Only -	
Principal's Approval: _____	Date: _____
Distribution: Original kept at school, Copy to Parent, Copy to Business Office	