



**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

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

Service requested (other than course) \_\_\_\_\_

Course Requested _____	Semester (circle all that apply) 1 2
Course Requested _____	Semester (circle all that apply) 1 2
Course Requested _____	Semester (circle all that apply) 1 2

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 [sonya.lang@sno.wednet.edu](mailto:sonya.lang@sno.wednet.edu)

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