

LONGVIEW PUBLIC SCHOOLS

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

Name of Student: _____ Birthdate: _____ Grade: _____

Address of Student: _____

City and Zip Code: _____

Name of Parent: _____

Primary Number: _____

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 to office of the local school district superintendent.