Orting School District

Request for Part-Time Attendance or Ancillary Services From 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_____

Telephone: (Work No.)_____(Home No.)_____

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