School Year: _____

STANWOOD-CAMANO SCHOOL DISTRICT REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES FROM PRIVATE SCHOOL PUPIL

Please complete all information:

Name of Pupil: _____ Birthdate: _____

Address of Pupil: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

Name of Private School: _____

Address of Private School: _____

Services Requested: _____

_____

_____

_____

Name of School for Services Requested: _____

Transportation Services to be Used: _____

_____ _____

Signature of Parent or Guardian *Date*

As a parent/guardian of _____, I attest that these services are not provided in the private school that my child currently attends.

_____ _____

Signature of Parent or Guardian *Date*

Return completed form to: Stanwood-Camano School District, 26920 Pioneer Hwy, Stanwood WA 98292

Action: _____

_____