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

2026-27 School Year

Student's Name	Birthdate	Grade Level

Parent/Guardian Name (Printed) _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____

If request is made for a private school student:

Name of private school: _____ Public school where service is requested: _____

Services requested: _____

As the parent/guardian of _____, I attest that the services requested are not provided by the private school that my child attends.

If request is made for a student receiving home-based instruction, list the service or course requested and date student wants to participate:

Service/Course: _____ Date(s): _____

Service/Course: _____ Date(s): _____

Service/Course: _____ Date(s): _____

Service/Course: _____ Date(s): _____

Public school where service is requested: _____

Parent/Guardian Signature _____ Date _____

Please send the completed form to:

Shoreline School District
Student Services - Dawn Hamid
18560 1st Ave. NE
Shoreline, WA 98155

Email: dawn.hamid@ssd412.org

Phone: 206-393-4117

SHORELINE
PUBLIC SCHOOLS