LAKE STEVENS SCHOOL DISTRICT

Request for Part-Time Attendance or Ancillary Services

Inspiring Excellence
LAKE STEVENS
School District

Return to: homeschool@lkstevens.wednet.edu; Department of School Improvement, 12309 22nd St NE Lake Stevens, WA 98258; or your resident school

School Year _____

_____ _____ _____
Name of Student **Birthdate** **Grade**

_____ _____ _____ _____
Street Address (*Eligibility pursuant to RCW 28A.150.350*) **City** **State** **Zip**

_____
Parent/Guardian Name

_____ _____
Parent/Guardian Telephone Number **Parent/Guardian Email Address**

Please check the appropriate box to indicate how the student is receiving the balance of their instruction in full compliance with the Compulsory Attendance Law (RCW 28A.225.020):

☐ Home School/Home-Based Instruction
Declaration of Intent to Provide Home-Based Instruction has been filed with the district (circle): ☐ YES ☐ NO

☐ Private School or Approved Washington Online School Program

Name of Private School or Online Program _____

I attest the services requested are not provided in the private/online school my student attends (circle): ☐ YES ☐ NO

I hereby request PART-TIME enrollment in the following courses* to support my student's private school or homeschool enrollment:

_____ _____
Course **Date/Term**

_____ _____
Course **Date/Term**

_____ _____
Course **Date/Term**

_____ _____
Course **Date/Term**

For Office Use:

_____
Resident LSSD School

I hereby request ANCILLARY services* to supplement my student's FULL-TIME enrollment in private school or home-based instruction:

☐ Assessment and testing
- State assessment to meet home-based instruction statutory requirement
- Evaluation by a school psychologist to determine eligibility for special education

☐ Athletics and sports activities, specifically
_____

☐ Co-curricular activities, specifically
_____

☐ Counseling and psychological services
☐ Extra-curricular activities, specifically
_____

☐ Health care services
☐ Remedial instruction
☐ Special education services as outlined in an IEP
☐ Tutorial services (including home or hospital instruction per WAC 392-172A-02100)

_____ _____
Parent/guardian Signature **Date**

**The schedule and availability of courses, activities, and any services is determined by the school based on overall building needs. Portions of the LSSD enrollment packet must be submitted for part-time enrollment and/or ancillary services. Additional requirements may apply for certain activities or services, such as completion of a sports physical, purchase of an ASB card, or other eligibility requirements established by the school or activity.* *Revised 11/2026*