

ELLENSBURG SCHOOL DISTRICT #401
REQUEST FOR PART TIME ATTENDANCE OR ANCILLARY SERVICES
FROM A PRIVATE SCHOOL STUDENT
OR A STUDENT RECEIVING HOME-BASED INSTRUCTION
2019 – 2020 SCHOOL YEAR

STUDENT INFORMATION:

Full Name:	Date of Birth:	Grade Level:
Address:	City, State, Zip Code:	

PARENT OR GUARDIAN INFORMATION:

Name of Parent or Guardian:	Cell Phone:	Work Phone:
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IF REQUEST IS MADE BY PRIVATE SCHOOL STUDENT:

Name of Private School: _____

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

Services requested: _____

PUBLIC SCHOOL WHERE SERVICE IS REQUESTED:

Name of School Student Requests to Attend or Receive Ancillary Services on a Part-Time basis:

SIGNATURE OF PARENT OR GUARDIAN:

Signature of Parent or Guardian	Printed Name	Date
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SERVICE OR COURSE REQUESTED AND DATE(S) STUDENT WANTS TO PARTICIPATE:

Service/Course:	Date:
Service/Course:	Date:
Service/Course:	Date:
Service/Course:	Date:

RETURN COMPLETED FORM TO:

Ellensburg School District #401
Attn: Superintendent's Office
1300 East Third Avenue
Ellensburg, WA 98926