

Shelton School District #309  
700 S. First Street Shelton, WA 98584

Request for Part-Time Attendance or Ancillary Services  
From a 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 (printed) \_\_\_\_\_

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: \_\_\_\_\_

Service or course requested and date(s) student wants to participate:

Service/course: \_\_\_\_\_ Date: \_\_\_\_\_

Service/course: \_\_\_\_\_ Date: \_\_\_\_\_

Service/course: \_\_\_\_\_ Date: \_\_\_\_\_

Service/course: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Return to the office of the local school district Superintendent:

Shelton School District #309  
700 S. 1<sup>st</sup> Street  
Shelton, WA 98584  
360 426-1687

\_\_\_\_\_  
Signature of Authorized Shelton School District Representative

Date \_\_\_\_\_