CASCADE SCHOOL DISTRICT #228

Request for Part-Time Attendance or Ancillary Services from a Private School Student or Home-Based Student

Name of student: _____________________________ Birthdate: ___________ Grade: ___________

Address: ________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Name of Parent: __________________________________________________________

Telephone: (home) ___________________________ (work) _______________________

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 wishes to participate:

Service/course: ___________________________ Date: ___________

Service/course: ___________________________ Date: ___________

Service/course: ___________________________ Date: ___________

Service/course: ___________________________ Date: ___________

Signature of parent/guardian: __________________________________________ Date: ___________

Approved by superintendent: __________________________________________ Date: ___________