

Peninsula School District
Request for Part Time Attendance or Ancillary Services
From 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 _____

Telephone Home # _____ Work # _____

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: _____

Dates of service or course requested: _____

Signature of Parent / Guardian: _____

Printed Name: _____

Date: _____

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 which my child attends.

RETURN TO:
Office of Assistant Superintendent
Peninsula School District
14015 62nd Ave NW
Gig Harbor, WA 98332
253-530-1007 - Fax: 253-530-1010