

ENTIAT SCHOOL DISTRICT # 127  
2650 Entiat Way  
Entiat, WA 98822  
509-784-1800

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: (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: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_  
Date: \_\_\_\_\_

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

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

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

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

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

Return to: office of the local school district superintendent