

# SHORELINE PUBLIC SCHOOLS

## REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES FOR STUDENTS RECEIVING HOME-BASED INSTRUCTION

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address of Student \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Name of Parent \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Services requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Public school where service/course is requested: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Service/course	_____	Date	_____	Hrs Wkly	_____
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Service/course	_____	Date	_____	Hrs Wkly	_____
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Service/course	_____	Date	_____	Hrs Wkly	_____
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Service/course	_____	Date	_____	Hrs Wkly	_____
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**Return to: Shoreline School District  
Student Services-Lynn Ashenbrener  
18560 1st Ave NE  
Seattle, WA 98155**