

Arlington Public Schools No. 16 Snohomish County, WA 315 N French Ave Arlington, WA 98223 360-618-6200

Request for Part-Time Attendance or Ancillary Services

from a private school student or a student receiving home-based instruction

For school year:

Rev: 12/21

500 0.00												
Student r	name						Birthda	te			Grade	
Street ad	dress											
City					State				Zip			
Parent/G	uardian name(s											
Primary phone						C	Cell phone	2	_		_	
IF REQUE	ST IS MADE BY	PRIVATE SCI	HOOL STUD	ENT:								
Name of Private School												
As the pa	rent/guardian o	of										
l attest th	at the course, se	ervice, or activ	ity requested	d is not pro	ovided in t	he private	school tl	nat my chi	ld atten	d.		
Public scl	hool where serv	ice is requeste	ed									
Parent/Guardian Signature									Date [
Course, se	ervice, or activit	y requested a	nd date(s) st	udent wan	ts to part	icipate:						
Course/Service/Activity							Date(s)					
Course/Service/Activity								Date(s)				
Course/Service/Activity							Date(s)					
Course/Service/Activity								Date(s)				
Returr	n to: Superintende RE: Home Sc Arlington Pul 315 N French Arlington, W	hool Intent olic Schools Ave										