



## Request for Part-Time Attendance or Ancillary Services For Private School or Home-Based Instruction Students

Requesting School Year \_\_\_\_\_  Full Academic Year  Other (please specify) \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID# or Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Student Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Currently the student is at  Private School  Homeschooling

Private School Name \_\_\_\_\_

Private School Address \_\_\_\_\_

### GENERAL EDUCATION COURSE REQUEST

#### Requested course and start date(s):

Course \_\_\_\_\_ Date \_\_\_\_\_

Course \_\_\_\_\_ Date \_\_\_\_\_

Course \_\_\_\_\_ Date \_\_\_\_\_

### SPECIAL EDUCATION SERVICE REQUEST

#### Special education services requested: (check all that apply)

- Academics
- Social/Emotional
- Study/Organization
- Speech
- Occupational Therapy
- Physical Therapy
- Audiology
- Other:
- Not applicable

#### INTERNAL USE ONLY

**Designated Linked School (SpEd):**  
**Program Specialist/Team Lead (SpEd):**

**PARENT ATTESTATION:** I attest that the course and/or ancillary service for which enrollment is requested is not available at the private or homeschool of attendance.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to the Office of Admissions, Seattle Public Schools**  
**admissions@seattleschools.org**