



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

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For questions and more information about this document, please contact the following:

Admission office
admissions@seattleschools.org



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)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Speech | <input type="checkbox"/> Audiology |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Study/Organization | <input type="checkbox"/> Physical Therapy | |

☐ 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