

**FEDERAL WAY PUBLIC SCHOOLS**  
**Request for Part-Time Attendance or Ancillary Services**

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Student is a [ ] private school student OR [ ] home-based instruction student.

Street Address \_\_\_\_\_

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

Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_

**COMPLETE THIS SECTION IF REQUEST IS MADE BY HOME- SCHOOL STUDENT**

School where service is requested \_\_\_\_\_

Service or course requested and date(s) of participation (semester/trimester and year):

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

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

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

**COMPLETE THIS SECTION IF REQUEST IS MADE BY PRIVATE SCHOOL STUDENT**

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

As the parent/guardian of (student name) \_\_\_\_\_, I attest that the courses/services requested are not provided by the private school that my child attends.

Courses/services requested: \_\_\_\_\_

\_\_\_\_\_

Public school where service is requested \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete and submit to your local school at time of registration. For questions and further information contact Student Placement, Educational Service Center, 31405 18<sup>th</sup> Ave S, Federal Way, WA 98003 253-945-2000.**