

HOCKINSON SCHOOL DISTRICT

**17912 NE 159th Street
Brush Prairie, WA 98606**

**Request for Part-Time Attendance or Ancillary Services
for Student Attending a Private School**

STUDENT INFORMATION

Last Name: _____ First Name: _____ Birth Date: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Parent: _____ Home Phone: _____ Work Phone: _____

My child is attending private school at: _____

As the parent of _____, I attest that the following services are not provided through the private school that my child attends.

Services or Courses requested:

Signature of parent or guardian: _____ Date: _____

As the parent of _____, I request that the Hockinson School District provide the following services or courses:

Service/course: _____ Date: _____

Service/course: _____ Date: _____

Service/course: _____ Date: _____

Service/course: _____ Date: _____

My Child Attends: Hockinson Elementary School Hockinson Middle School Hockinson High School

I have reviewed this request for part-time attendance.

Principal Signature Date

For District Office Use	Date Received: _____	Received By: _____
-------------------------	----------------------	--------------------

**Return to: Office of the Superintendent
Hockinson School District
17912 NE 159th Street
Brush Prairie, WA 98606
(360) 448-6400 FAX: (360) 448-6409**