Request for Part-Time Enrollment or Request for Ancillary Services from a Private School Student or a Student Receiving Home-Based Instruction

Student Information (Required)

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Birth Date</th>
<th>Grade</th>
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Address of Student

Name of Parent(s) or Guardian(s)

Telephone: Home    Cell    Work    Other

Email of Parent(s) or Guardian(s)

Section 1. Complete only if you are requesting Ancillary Services. Students who reside on Mercer Island may access Ancillary Services which are not available to the student as part of the home or private school program.

As the parent of the child named above, I attest that my child is

- [ ] Enrolled in Private School Name of School: ________________________________
- [ ] Receiving Home-based Instruction

Neighborhood School on Mercer Island: ________________________________

If you are requesting Ancillary Services, please identify any/all that are applicable:

- [ ] Special Education Services please list specific areas
- [ ] English Language Learner Services
- [ ] Highly Capable Services
- [ ] Assessment
- [ ] Course not available through home/private program please list specific course

Date ancillary services or course enrollment are requested to begin: ________________

As the parent of the child named above, I attest that the services requested are not provided in the private school or home-based instruction that my child attends.

Parent signature: ________________ Date: ________________
Section 2. Complete only if you are requesting partial enrollment. Students who are partially enrolled do not attend school for a full instructional day and may miss school for a regularly scheduled appointment by an outside provider, such as an education specialist or therapist.

My child **will not** be present during the school day during these times:

Monday: ________________  Thursday: ________________
Tuesday: ________________  Friday: ________________
Wednesday: ________________

**Date part-time enrollment is requested to begin:** ________________

If partial enrollment will conclude prior to the end of the school year, indicate the date the student will return to school full-time: ________________

**Return to:** Principal of the school where services are requested

Signature of Building Principal  Date

**Principal:** Maintain the original form and forward a copy to the Student Information Coordinator.