

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

- New Request
- Renewal

Student Information (Required)

Name of Student Birth Date Grade

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.