Conway School District

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

School Year:

Name of student Birthdate Grade

Address of student

City and zip code

Name of parent

Telephone: (Work No.) (Home No.)

IF REQUEST IS MADE BY PRIVATE/HOME SCHOOL STUDENT:

Name of private school (if applicable):

As the parent of , I attest that the services requested are not provided in the private school that my child attends or I am unable to obtain these services as a home school parent.

Services requested:

Signature of parent or guardian:

Date:

Service or course requested, and date(s) student wants to participate:

Service/course: Date: Service/course: Date: Service/course: Date: Service/course: Date:

# Return to: Conway School Office