

STUDENTS

Request for Courses, Running Start, and/or Ancillary Services from Private School Student or a Student Receiving Home-Based Instruction, and currently not pursuing a Pullman High School diploma.

***Ancillary Services Include:** Counseling, Psychological Services, Testing/Assessments, Remedial Instruction, Speech and Hearing Therapy, Health Care Services*

Name of Student: <i>(Please Print)</i>		Birth date:	Grade:
Address of Student:			
City, State and Zip Code:			
Name of Parent/Guardian:			
Work Phone Number:		Home Phone Number:	
Parent/Guardian Email Address:			

Student is currently being:

- Home-schooled
- Attends a private school that does not provide requested courses or services: _____
(Name of Private School)

Course/s requested: *Please list below the course/s requested and date(s) student wants to participate.*

Course:	Date:
Course:	Date:

Services requested: *Please list below the services requested and date(s) student wants to participate.*

Service:	Date:
Service:	Date:

Running Start requested: *Please list below the Running Start course/s requested and date(s) student wants to participate.*

Running Start Course:	Date:
Running Start Course:	Date:

Parent/Guardian Signature: _____ **Date:** _____

Office use only:

- For Coursework: This student will attend school as a _____ FTE, for coursework as requested above.
- For Ancillary Services: Student will be scheduled for _____ hours of contact time per Week Month One-Time
- Running Start only (0 FTE)

Principal's Signature: _____ Date: _____

*Distribution: Original kept at school, one copy to parent, one copy to the Superintendent's Office
For Ancillary Services: Copy to Curriculum and Assessment Office*