



**CASHMERE SCHOOL DISTRICT NO. 222**

210 South Division Street Cashmere, WA 98815-1198

Phone: (509) 782-3355 Fax: (509) 782-4747

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

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 SCHOOL STUDENT:**

Name of private school: \_\_\_\_\_

As the parent of \_\_\_\_\_, I attest that the services requested are not provided in the private school that my child attends.

Services requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Public school where service is 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: office of the local school district superintendent**