

MEDICAL LAKE SCHOOL DISTRICT NO. 326

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

Name of Student _____ Birth Date _____ Grade _____

Mailing Address _____ City _____ State _____ Zip Code _____

Parent Name (Please Print) _____

Home Phone _____ Cell Phone _____

Public school where service is requested: _____

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

Service/Course _____ Date _____

Service/Course _____ Date _____

Service/Course _____ Date _____

Service/Course _____ Date _____

Signature of Parent or Guardian _____ Date _____

Please Mail To:
Ancillary/Part-Time Attendance
Medical Lake School District
P.O. Box 128
Medical Lake, WA 99022-0128