



301 Old Highway 99
PO Box 4024
Tenino, WA 98589

www.teninosd.org
Phone: 360-264-3400
Fax: 360-264-3438

REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES

- From Private School Student
- From Student Receiving Home-Based Instruction

Name of Student _____ Birthdate _____ Grade _____

Student Address _____

City, State, Zip Code _____

Name of Parent(s)/Guardian _____

Phone (Home) _____ Phone (Cell) _____

Service or course requested and date(s) student would like to participate:

Service/Course: _____ Date(s): _____

Service/Course: _____ Date(s): _____

Service/Course: _____ Date(s): _____

Service/Course: _____ Date(s): _____

Other services requested: _____

Parent/Guardian Signature Date _____

Authorized School District Representative Date _____

If request is made by a private school student, please fill out the information below:

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.

Initials: _____

Return completed form to: Tenino School District Student Services
PO Box 4024, Tenino, WA 98589 or
Email: goldsmithm@tenino.k12.wa.us