



BELLEVUE SCHOOL DISTRICT No. 405

P.O. BOX 90010 BELLEVUE, WASHINGTON 98009-9010

- New Request
- Renewal

SCHOOL YEAR _____

REQUEST FOR PART-TIME ATTENDANCE OR ANCILLARY SERVICES FROM A PRIVATE SCHOOL STUDENT OR A STUDENT RECEIVING HOME-BASED INSTRUCTION

M F X

STUDENT LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE LEVEL (of transfer year)	GENDER
STREET	APT #	HOME / ATTENDANCE AREA SCHOOL		STUDENT ID
CITY	STATE	ZIP	COUNSELOR	
EMAIL ADDRESS		PHONE :	HOME	CELL WORK

REQUEST 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.

_____*
PARENT SIGNATURE (Please type your complete name as your signature)

REQUEST BY HOME SCHOOL STUDENT

DECLARATION OF INTENT TO HOME SCHOOL RECEIVED _____

REQUEST FOR SPECIAL EDUCATION SERVICES

ANCILLARY SERVICES REQUESTED: _____

REQUESTED COURSE(S) AND START DATE(S) STUDENT WANTS TO PARTICIPATE:

Course/Subject: _____	Start date: _____
Course/Subject: _____	Start date: _____
Course/Subject: _____	Start date: _____
Course/Subject: _____	Start date: _____
Course/Subject: _____	Start date: _____

PARENT/GUARDIAN OR STUDENT IF OVER 18: *By typing your name you confirm that your name serves as your signature and verifies you agree with the above statements and are authorized to provide this information.*

PLEASE TYPE YOUR COMPLETE NAME AS YOUR SIGNATURE

DATE

Approvals are contingent upon the following conditions: _____

- IF ALL PREREQUISITES ARE MET
- IF STUDENT QUALIFIES FOR ADVANCED LEARNING SERVICES
- IF SERVICES ARE SUPPORTED BY CURRENT IEP & EVALUATION

APPROVAL OF STUDENT PLACEMENT SUPERVISOR

DATE

Return form by email to: StudentPlacement@bsd405.org

or by mail to: Bellevue School District, Superintendent Designee
Student Placement
P.O. Box 90010
Bellevue, WA 98009-9010

STUDENT PLACEMENT DISTRIBUTION: SCHOOL COUNSELOR SCHOOL REGISTRAR SPECIAL EDUCATION ADVANCED LEARNING PROGRAMS

ES PRINCIPAL ES OFFICE MANAGER PARENT ATHLETIC DIRECTOR