

Parents of Kindergarten, First and Second Grade students:

By completing and signing the form below, you authorize the Newman School to receive Pupil Health services from the local district. Please sign, date and return to us by August 17th.

**REQUEST FORM FOR
DISTRICT PUPIL HEALTH SERVICES**

School Year Ending June 2019

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries, access to the existing district Pupil Health Services program. These services must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2018.**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: _____ Grade Level: _____

Name of School: _____

I do request that the district's Pupil Health Services program be made available to the above pupil this school year.

I do not wish to request Pupil Health Services this school year.

Signature of Pupil, Parent, or Guardian

Date

PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.