

SCHOOL YEAR ENDING JUNE 2018
REQUEST FORM FOR DISTRICT PUPIL HEALTH SERVICES

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home school), established and operating within the school district boundaries, access to the existing district Pupil Health Services. These services must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2017.**

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: Blessed Trinity Catholic School

I do request that the district's Pupil Health Services 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

REQUEST FORM FOR 7TH & 8TH GRADE GUIDANCE/COUNSELING SERVICES

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home school), established and operating within the school district boundaries, access to the existing district 7th and 8th grade Guidance/Counseling Services Program. These services must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2017.**

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: Blessed Trinity Catholic School

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

I **do not** wish to request Guidance/Counseling Services this school year.

Signature of Pupil, Parent, or Guardian

Date