

**** Sunny Hollow receives funds from the local school district for books, testing, and other classroom materials, including services from a Public School Nurse who visits Sunny Hollow twice per month. Funds are calculated based on the number of students reported.****

****Please complete this two-sided document, sign it, and return it to the office****

**REQUEST FORM FOR
TEXTBOOKS, STANDARDIZED TESTS, AND
INDIVIDUAL INSTRUCTIONAL MATERIALS**

School Year Ending June 2019

The State of Minnesota has authorized local public school districts to loan textbooks, standardized tests, and individualized instructional materials to pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries. These materials must be secular in nature, designed primarily for individual use by the pupil in a particular class or program in the school the pupil regularly attends, and 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 textbooks, standardized tests, and individualized instructional materials be provided on loan to the above pupil this school year.

I **do not** wish to request the loan of any materials this school year.

Verification of Use: I hereby verify that the textbooks and individualized instructional material requested are to be used by the pupil named above in a course of instruction in that pupil's elementary or secondary school.

Signature of Pupil, Parent, or Guardian

Date

PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.

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**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.