



**WE'RE HERE TO HELP YOU TEACH
YOUR CHILDREN AT HOME**

“ The program is full of additional experiences for the children, the support is awesome and the staff is great! ”



REQUEST FOR PARTICIPATION

Student Name: _____ Parent/Guardian Name: _____

Email: _____ School: _____

DOB: _____ Age: _____ Grade: _____ Phone: _____

Address: _____ City: _____ Zip: _____

I request that my child _____ be allowed to enroll in Lincoln Street Independent School.*

Reason:

Length of time requested: _____

* Completion of this form does not guarantee enrollment

X

Student Signature (when appropriate)

Date: _____

X

Parent/Guardian Signature

Date: _____

Please submit to: Lincoln Street Independent School, Red Bluff, CA 96080 | Fax: 530- 529-4120

Distribution:

White: County Office

White: Parent