

Please check the "I Do" request box so Sacred Heart receives these services.
Thank you.

**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 14, 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 FORM TO THE NONPUBLIC SCHOOL WHEN COMPLETED.