

**REDEEMER LUTHERAN SCHOOL**

**REQUEST FORM FOR  
DISTRICT PUPIL HEALTH SERVICES  
SCHOOL YEAR 2010-2011**

---

The State of Minnesota has authorized local public school districts to allow pupils attending a non public 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, 2010.**

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 REDEEMER LUTHERAN SCHOOL

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

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

PLEASE RETURN SIGNED FORMS TO THE NON-PUBLIC SCHOOL WHEN COMPLETED.