



REQUEST FORM FOR
TEXTBOOKS, STANDARDIZED TESTS, INDIVIDUAL INSTRUCTIONAL MATERIALS, DISTRICT PUPIL
HEALTH SERVICES, AND DISTRICT SECONDARY/GUIDANCE COUSELING SERVICES

Pupil name(s) _____

Grade Level(s) _____

Name of School: The International School of Minnesota

The State of Minnesota has authorized local public school districts to loan textbooks, standardized tests, and individual instructional materials to pupils attending a nonpublic school (including 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(s) regularly attends, and must be requested by, or on behalf of, the pupil(s).



I **do request** that textbooks, standardized tests, and individual instructional materials be provided on loan to the above pupil(s) this school year.



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

Verification of use: I hereby certify that the textbooks and instructional materials requested are to be used by the pupil(s) named above in a course of instruction in that (those) pupil's (pupils') elementary or secondary school.

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school (including 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(s).



I **do request** that the district's Pupil Health Services program be made available to the above pupil(s) this school year.



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

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school (including home schools), established and operating within the school district boundaries, access to the existing district Secondary Pupil Guidance and Counseling Services Program. These services must be requested by, or on behalf of, the pupil(s).



I **do request** that the district's Secondary Guidance and Counseling Services program be made available to the above pupil(s) this school year.



I **do not request** Secondary Guidance and Counseling Services this school year.

Signature of Parent or Guardian

Date