

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

**School Year Ending May 2017**

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. 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: **BETHANY ACADEMY** \_\_\_\_\_

**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

**REQUEST FORM FOR DISTRICT PUPIL HEALTH SERVICES (School Nurse)**

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. 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: **BETHANY ACADEMY** \_\_\_\_\_

**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

**REQUEST FORM FOR DISTRICT SECONDARY  
CAREER GUIDANCE/COUNSELING SERVICES *Grades 9-12 only***

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 Secondary Pupil **Career only** Guidance and Counseling Services program. 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: **BETHANY ACADEMY** \_\_\_\_\_

**I do request** that the district's Secondary Pupil Guidance and Counseling Services program be made available to the above pupil this school year. ***This is basic career assessment only NOT psychological.***

I do not wish to request Secondary Pupil Guidance and Counseling Services this school year.

\_\_\_\_\_  
Signature of Pupil, Parent, or Guardian

\_\_\_\_\_  
Date

**PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL BY Friday, SEPTEMBER 9.**