Elizabethtown Area School District
Homeschool Request for Participation in District Programs

Student Name:
Birthdate:
Grade:
Parent Name:
Phone:
Email:
Address:

For the school year I would like to register for the following program(s) through the Elizabethtown Area School District (dependent on grade). Be as specific as possible.

A list of available non-graded activities can be found on the district website under the respective school building.

Forward this form to the building principal.

Parent Signature Date

Student Signature Date

Complete a separate form for each student

For District Use
Final Status of Request:
Date of Receipt:
Date Forwarded to Building:
Public School Principal:
Date: