



HIGHLAND CATHOLIC SCHOOL
welcoming everyone in an experience that's more than an education

REQUEST FORM for DISTRICT PUPIL HEALTH SERVICES

SCHOOL YEAR ENDING JUNE 2010

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.

"X" indicates that you request a public school nurse to administer health service to Highland Catholic School.

Pupil's Name _____ Grade Level _____

Name of School _____ HIGHLAND CATHOLIC SCHOOL _____

I do request that the district's Pupil Health Service 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 _____