

**PARENTAL REQUEST FORM  
REQUEST FOR PERFORMING PERSONAL CARE ASSISTANCE**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), request that \_\_\_\_\_

School staff provide personal care assistance for my child, \_\_\_\_\_

This assistance is:

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Specific time(s) assistance is to be provided:

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_____	_____
_____	_____

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date