



Palisades School District-39 Thomas Free Drive, Kintnersville, PA 18930- (610) 847-5131

SPECIAL REQUEST FORM FOR HOME-SCHOOLED STUDENTS

School Year: _____

Student Name: _____

Birthdate: _____

Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian Address: _____

Email: _____

Home Phone Number: _____

Cell Phone Number: _____

Requests:

Building: _____

This form must be submitted to: Palisades School District
Attn.: Ms. Deana Cronk
39 Thomas Free Drive
Kintnersville, PA 18930

*****For Office Use Only*****

Date Received: _____

Approved _____

Denied _____

Principal's Signature: _____ Date _____

