

**REQUEST FORM FOR
DISTRICT PUPIL HEALTH SERVICES**

School Year Ending June 2027

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 **no later than SEPTEMBER 15, 2026**

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: HOLY SPIRIT ACADEMY, MONTICELLO, MN

- ☐ 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

**PLEASE SIGN AND RETURN THIS FORM TO THE NONPUBLIC
SCHOOL WHEN COMPLETED**