Highline Schools
15675 Ambaum Blvd SW
Burien, Washington 98166

REQUEST FOR HOME/HOSPITAL INSTRUCTION

SCHOOL DISTRICT NAME		STUDENT NAME (Last, First, Middle) Please Print	
CONTACT PERSON	TELEPHONE NUMBER	STUDENT GRADE LEVEL	GENDER ☐ MALE ☐ FEMALE

SECTION 1 – THIS SECTION TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER

DIAGNOSIS:

☐ Disease/Injury/Surgery (primary diagnosis): _____

_____

☐ Drug/Alcohol Treatment
☐ Pregnancy
☐ Other *(describe): _____

_____

I certify that this student is unable to attend public school for _____ weeks.

_____
TYPE/PRINT NAME OF QUALIFIED MEDICAL PRACTITIONER

_____
SIGNATURE DATE

BUSINESS ADDRESS
CONTACT TELEPHONE NUMBER

SECTION 2 – THIS SECTION FOR SCHOOL DISTRICT USE

If the student is eligible to receive special education services, does the IEP team need to meet? ☐ Yes ☐ No

CHECK ONE:
☐ Original Request
☐ Extension

Beginning date of instructional time or extension:

MO	DAY	YEAR

NOTE: Beginning date on extension request must consecutively follow ending date of original request.

_____ _____ _____
SCHOOL DISTRICT AUTHORIZATION **DATE** **CONTACT TELEPHONE NUMBER**

Rev. 5/2007