

Highline School District #401
Parent Request For Home/Hospital Instruction

Date: _____

Student Name	DOB:	Grade:
School:		Principal or Counselor:

I request home/hospital instruction for above student and agree to conditions of the service as outlined below.

- 1. Recommendation from physician has been submitted form E-310**
- 2. Parent or other responsible adult will be present in the home while home instructor is working with the child.**
- 3. Expected absence is for at least four (4) weeks.**

Parent Signature **Date**

Address

Telephone

OR SCHOOL USE ONLY

Please supply the tutor with the following information: Any comments about current assignments would be helpful. You may discontinue marking a student absent, but please keep his/her name on your attendance records. The tutor will send the school principal the tutoring grades and attendance report when the student returns to school.

Period	Subject	Text	Teacher	Approx. Grade

Teacher Comments:

Instruction Time **Assigned to:** _____ **(tutor)**

Days: M T W Th F **Time:** _____ **Date Assigned:** _____ **Date terminated** _____