



**HOME & HOSPITAL INSTRUCTION ENROLLMENT
STUDENT APPLICATION / CONSENT FORM**

I. STUDENT DATA (please print clearly)

NAME: _____ BIRTHDATE: _____ GENDER: _____

PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

GRADE: _____ SCHOOL _____ **Special Education?** Yes No

Language(s) spoken in the home: English Spanish other _____

II. PARENT CONSENT/AUTHORIZATION: To be signed by a parent/legal guardian before forwarding to the physician. I hereby give my consent for Home and Hospital instruction for the pupil name above at the earliest possible time after a licensed physician or surgeon has certified the condition. I hereby authorize Dr. _____ to release medical and other confidential information.

Parent/Guardian Signature

Date

III. INFORMATION TO THE PHYSICIAN/PHYSICIAN REPORT: Instruction in the home is one of the most restrictive educational placements available and must be viewed as the placement of last resort to be utilized for the shortest time necessary. Your careful completion of the following information will assist the school to determine whether we can make adaptations at school.

Name of Physician: _____ Address: _____

City/State/Zip: _____ Phone #: _____

1. What is the diagnosis for this pupil (please be specific)? _____

2. What treatment, if any, is being prescribed? _____

3. Comments: _____

4. Duration of Absence: START DATE _____ END DATE _____

5. PHYSICIAN'S SIGNATURE: _____ DATE: _____

IV. SPECIAL EDUCATION INFORMATION AND APPROVAL

Severe

DURATION: Start Date _____

Program/Disability: _____ Non-Severe

End of Semester Date: _____

Program Coordinator's Signature: _____ Date _____

V. SCHOOL SITE INFORMATION AND APPROVAL

Last Day of _____ End of Semester _____

Attendance: _____ Date: _____ Home & Hospital Instructor: _____

Principal/Designee Signature: _____ Date _____

VI. RECEIVED AND APPROVED BY DIRECTOR OF STUDENT SERVICES

Office of Student Services Signature: _____