

Enrollment for Home Hospital Request Form Pre-Expulsion, Expulsion, Special Circumstances or IEP

To be completed and submitted to Special Ed Dept. prior to meeting with Parent(s) &/or Guardian(s)

Official HH Start Date _____

(Must be Completed)

Official HH End Date _____

(Must be Completed)

Date of Hearing _____

Manifestation
Determination Date _____

Name of Student _____

DOB _____ Aeries ID # _____ M / F

Parent(s) _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Special Education Student No ____ Yes ____ SDC _____ RSP _____

School _____ Grade _____

Principal/Counselor _____

Reason for HH Placement

_____ Expulsion _____ Special Circumstance _____ IEP (attach copy of 1st page)

Reason for Expulsion/ Description of Special Circumstance

Will student be referred to County? Yes__No__ Why not _____

Will student be referred to Willow? Yes__No__ Why not _____

What alternatives to HH have been exhausted?

If Student has been Expelled

Expulsion Start Date _____ Expulsion End Date _____

What are conditions of reinstatement

Signature of School Psychologist or Representative _____ Date _____

For Special Ed Students

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| | |
|--------------------------|---|
| Placement on HH approved | Approved Teacher _____ |
| Yes _____ | Teacher of Record _____ Yes _____ No _____ |
| No _____ | Remains on School Roll _____ Yes _____ No _____ |

Comments: _____

Director of Special Ed Signature & Date

Director of Student Services & Date
For General Ed Students