

Issaquah School District #411 Application for Home/Hospital Instruction

Tutoring is available for both elementary and secondary students who, because of physical disability or serious illness, are permanently or for a prolonged period of time confined to their home or hospital. The amount of instructional contact will be up to two hours per week. This program will be under the joint supervision of the school and family physician or hospital authorities.

Name of student: _____
Last
First
Middle Initial

Student's birth date: _____ Sex: _____ Grade level: _____

Student's School: _____

Parent(s) name: _____
Last
First
Middle Initial

Home address: _____
Street
City
Zip

Phone Number: _____ Cell Number: _____

E-mail: _____

I would like for my child named above, to have home or hospital tutoring. An adult family representative will be available on the premises during the entire instructional period.

Date: _____

Parent/guardian signature: _____ Relationship to student: _____

Date application received by Counseling & Student Well Being: _____

Date physician's certification received: _____

Date contacted by tutor to begin sessions: _____

Date tutoring was discontinued/completed: _____

RETURN TO: Issaquah School District
 Counseling & Student Well Being
 5150 220th Ave S.E.
 Issaquah, WA 98029
 Attn: Stacey Slyke
 Phone: 425.837.7157