

**APPLICATION FOR HOME INSTRUCTION FOR  
PHYSICALLY/MENTALLY DISABLED CHILD**

**1. Student/Parent Information**

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

**2. Physician's Report to be Completed by Attending Physician**

Name of Child: \_\_\_\_\_ Medical Exam Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Is this child's physical/mental disability serious enough to preclude attendance?  Yes  No

Specify reason: \_\_\_\_\_

Probable Period of Disability: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Additional pertinent information: \_\_\_\_\_

**Note: If attaching physician report, it must include all of the above.**

**3. School Information**

Date Child Last Attended School: \_\_\_\_\_

New Application  Application for Renewal Date of Application: \_\_\_\_\_

Tentative Start Date for Home Instruction: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dir. of Student Services' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return ORIGINAL to Director of Student Services.**