SCSD REQUEST FOR MEDICAL HOME INSTRUCTION

This applies to students with a medical absence of five consecutive school days (full) or more, or for absences extending to ten full school days over a three-week period (21 school days). This form must be completed in its entirety to be considered.

<u>Parent:</u> Please sign this form and bring it to your child's medical provider. Return this fully completed form to your child's school counselor or school administration. If approved for tutoring, tutors will contact you directly to schedule appointments. An adult must be present in the home for inperson instruction. Eligible tutoring hours cannot be deferred for future use.

Student	Grade School	
Parent/Guardian	Phone No	
email:		
Home Address		
My child's medical provider has been no with the Somers Schools' Physician, and	ntified that he/she has my permission to d d/or other school authorities.	iscuss this case
Parent's/Guardian's Signature	Date	
Dates of absence	Total absences to date	9
-	tact your student's school. This information apletion by your medical care professional	
request to be reviewed.)		
request to be reviewed.) <u>Student's Medical Care Professio</u> identified child, and as a result of my fi unable to attend school on the above o	onal: This is to certify that I have examine ndings, conclude that the student is/was lates noted due to the following condition	medically ::
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Eligible number of hours per day for home instruction: Grades 1-5: 1 hr. Grades 6-12: 2 hrs. Approved:
Not Approved: