



PASADENA UNIFIED SCHOOL DISTRICT  
EDUCATION CENTER • HEALTH PROGRAMS

**Office Use Only**

Teacher: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

Date Dismissed: \_\_\_\_\_

General Education

Special Education

**PARENT APPLICATION AND AGREEMENT**

Student Name: \_\_\_\_\_  
Last Name First Name M.I.

Date of Birth: \_\_\_\_\_ M: \_\_\_ F: \_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Phone: Work \_\_\_\_\_ Phone: Home \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Phone: Work \_\_\_\_\_ Phone: Fax \_\_\_\_\_

***I have applied for Home Hospital Teaching for my son/daughter. I understand that an adult must be present during the time the Home Teacher is in my home.***

Parent or Guardian Signature: \_\_\_\_\_

Please return form to: Ria Apodaca Director of Health Programs  
Pasadena Unified School District  
351 S. Hudson Ave. Room 126  
Pasadena, CA 91109

351 South Hudson Avenue • Pasadena, CA 91109  
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