



DEPARTMENT OF SPECIAL EDUCATION

11321 Bullis Road, Lynwood, CA 90262
(310) 886- 1618 Fax: (310) 885-4884

APPLICATION FOR HOME TEACHING

Request for exemption from regular school attendance due to temporary physical condition.

PART A PARENT STATEMENT

Student Name/ <i>Nombre de Estudiante:</i>	Grade/ <i>Grado:</i>	DOB/ <i>Fecha de Nacimiento:</i>	School/ <i>Escuela:</i>
Is student enrolled in Special Ed classes? <i>El estudiante asiste clases especiales?</i> ☐ Yes ☐ No ☐ RSP ☐ SDC	Address/ <i>Domicilio:</i>		Telephone# <i># de Telefono:</i> ()
Parent Name/ <i>Nombre de Padre/Tutor:</i>	I request a home teacher for my child/ <i>Yo solicito un maestro para mi hijo/a:</i> <i>Signature! Finna: X</i>		

PARTB PHYSICIAN'S STATEMENT

As provided under Sections 48206.3, 48207, 48208 of the California Education Code, I recommend that the above named student be exempt from full time regular school attendance for a period of: Weeks Months	
Physician's Diagnosis:	Physician's recommendation for student (please check one of the following): ☐ Attend regular school part-time for hours per day. ☐ Be provided services of a home teacher for ☐ Refrain from all school and educational activities until:
Physician's Signature: License#: Date:	Stamp/Seal of Physician's office or input information below:
	Name of Facility
	Address Phone#. () -

DEPARTMENT OF SPECIAL EDUCATION USE ONLY

Request for exemption from regular school activity has been: ☐ Approved ☐ Denied		
Signature of Director/ Designee:	Name:	Date:
If approved : Assigned Teacher: _____ Effective Date: Time Period:		Additional Comments: