Pueblo County School District 70
APPLICATION FOR APPROVAL OF HOME/HOSPITAL PROGRAM
School Year 20_____-_____

STUDENT SERVICES
Pueblo County School District 70
301 28th Lane
Pueblo, Colorado 81001

School Attended_____

Grade_____ Birth date_____

Name of Child_____ Phone_____

Address_____Zip_____

Parent/Guardian_____

Signature of Parent/Guardian_____
Parent/Guardian must sign this form indicating approval of home or hospital teaching and return it to District 70

STATEMENT OF PHYSICIAN:

Diagnosis_____

Probable length of time child will be unable to attend school_____

Hours of instruction per week limited? Yes___ No____ If Yes, _____hours.

Reason_____

Attach Report:_____

Physician's Name_____

Signature of Physician _____Date_____

Physician's Address_____

Hours of individual study per week limited? Yes___ No___ If Yes, _____hours.

Reason_____

Date Services Began_____ _____
Director of Home/Hospital Program

_____ _____ _____
Teacher Assigned Date of Termination Total Hours of Instruction