

MASTER AGREEMENT FOR HOME/HOSPITAL

Student's Name: _____ Grade: _____ Date: _____

Home Address: _____ Age: _____ Date of Birth: _____

City: _____ Zip Code: _____ Phone: _____

School: _____ Entry date: _____ Exit date: _____

Objective: I will complete the studies listed below during the Home/hospital period as they are outlined in the Lawndale Elementary School District curriculum. I will turn in my assignments and Record of Time Worked Form. Lawndale Elementary School District will provide me with teacher, textbooks, and materials.

I agree to meet and talk with my teacher for up to 5 hours per week:

Days: _____ Times: _____ Place: _____

Subject**Subject**

Agreement: We hereby agree to all the conditions set forth within.

Student: _____

Date: _____

Parent/Guardian: _____

Date: _____

Teacher: _____

Date: _____

Certification (To be completed by Home/Hospital teacher at exit)

Subject**Grade****Teacher's Initials****Date**

Home/Hospital Teacher's Signature: _____

Signature of Parent/Legal Guardian: _____ Date: _____