

Home/Hospital Tutoring Application

My child is unable to attend school and I am requesting: Home Hospital (check one)

Student Name: _____ Birthdate: _____
Address: _____ Phone: _____
School: _____ Grade: _____
Date last attended: _____

I acknowledge and accept / I acknowledge and do not accept the instructional services. My signature indicates acceptance of these instructional services to be conducted. In addition, I agree to maintain the following conditions:

- Presence of an adult age 21 or older in the public location during the tutoring session.
- Presence of my child for all scheduled sessions
- Notifying the school and homebound instructor if instructional time must be cancelled
- Monitoring completion of homework as well as other assignments
- Providing an updated application and physician statement bimonthly for extended absences

Parent Signature: _____ Date: _____

TO BE COMPLETED BY SCHOOL PERSONNEL

Student ID# _____

Student's Program:

Teacher:

Current IEP on file Yes No

Related Services provided Yes No

If yes, specify type: _____

Date: _____ Admin Signature: _____

After form is completed in its entirety, please return to Student Services/PSAC, Attn: Director of Student Services.