

**Administrative Center • 203 W. Hillside Road • Naperville, Illinois 60540-6589 • 630-420-6465 • FAX: 630-420-6566**

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**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: \_\_\_\_\_

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**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.