



### APPLICATION FOR HOME OR HOSPITAL INSTRUCTION

School \_\_\_\_\_ Date of Application \_\_\_\_\_

Student \_\_\_\_\_ Student # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Reason for request: \_\_\_\_\_

EL \_\_\_ Foster \_\_\_ Homeless \_\_\_ Special Education Services \_\_\_

1 year HHT request (medically fragile or long term mental health care)

Expected time out of school (minimum four weeks) from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Period	Class	Teacher	Home Teaching Subjects

Home teacher assigned: \_\_\_\_\_

Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_

Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_

Records Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

Attendance Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Secretary: \_\_\_\_\_

Date: \_\_\_\_\_

Site Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Request for home teaching: Approved until \_\_\_\_\_

Denied \_\_\_\_\_

Reason for denial: \_\_\_\_\_

District Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**(Completed HHT request are to be submitted to the office Student Support Services)**