

BELLEVUE SCHOOL DISTRICT
Bellevue, Washington

APPLICATION FOR HOME/HOSPITAL INSTRUCTION

TO PARENTS: Washington State regulations provide for home/hospital tutoring for a student, who because of physical disability or non-communicable illness, cannot attend school for a period of four weeks or more (maximum 18 weeks). Service may be initiated upon receipt of this form signed by the parent/guardian, and the REQUEST FOR HOME/HOSPITAL INSTRUCTION, signed by the student's attending physician.

Student's Name: _____ Date of Birth: _____

Address: _____
Street & # City Zip Code

School: _____ Grade: _____

Parent/Guardian Signature _____ Phone: _____

Please return this form together with the Request form signed by the physician to:

Patty Siegwarth
Executive Director, Special Education and Guidance
Bellevue School District
P.O. Box 90010
Bellevue, WA 98009-9010
425-456-4156
FAX: 425-456-4176

For District Use Only:

Date received: _____

Date Service Initiated: _____

Date Service Terminated: _____

Bellevue School District

REQUEST FOR HOME/HOSPITAL INSTRUCTION

SCHOOL DISTRICT NAME Bellevue School District		STUDENT NAME: (Last, First, Middle) <small>Please Print</small>	
CONTACT PERSON	TELEPHONE NUMBER	STUDENT GRADE LEVEL	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 1—THIS SECTION TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER

DIAGNOSIS:

- Disease/Injury/Surgery (primary diagnosis): _____
- Drug/Alcohol Treatment _____
- Pregnancy _____
- Other * (describe): _____

I certify that this student is unable to attend public school for _____ weeks.

_____ <small>TYPE/PRINT NAME OF QUALIFIED MEDICAL PRACTITIONER</small>	BUSINESS ADDRESS
_____ <small>SIGNATURE</small>	_____ <small>CONTACT TELEPHONE NUMBER</small>
_____ <small>DATE</small>	

SECTION 2—THIS SECTION FOR SCHOOL DISTRICT USE

If the student is eligible to receive special education services, does the IEP team need to meet? Yes No

CHECK ONE

- Original Request
- Extension

Beginning date of instructional time or extension:

<small>MO</small>	<small>DAY</small>	<small>YEAR</small>

NOTE: Beginning date on extension request must consecutively follow ending date of original

_____ <small>SCHOOL DISTRICT AUTHORIZATION</small>	_____ <small>DATE</small>	_____ <small>CONTACT TELEPHONE NUMBER</small>
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