

**SAN DIEGUITO UNION HIGH SCHOOL DISTRICT
PUPIL PERSONNEL SERVICES
Home/Hospital Instruction Application**

Parent Verification:

This application form is to be completed and signed by parent and doctor. The parent should then submit the completed form to the counseling office at student's school site.

I hereby request Home/Hospital instruction for: ID#: _____

Student Name _____ Birthdate: _____
Address _____ City _____ Zip _____
Phone _____ Parent Work Phone _____
Grade Level _____ School _____ Date of Last Attendance _____
Signature of Parent/Guardian _____ Date _____

Medical Verification: (to be completed by doctor)

This physician's statement must verify that the above named student will not be physically able to attend school for an extended period of time for medical reasons (**minimum of 10 school days**).

Diagnosis _____
Limitations of student's physical activity _____
Probable length of home/hospital instruction _____ days.
Physician's Signature _____ Date _____
Address _____ Phone _____

Counselor Recommendation:

I (___do / ___do not) recommend Home/Hospital Instruction.
Counselor's Signature _____ Date _____

Attach copy of student schedule and progress/grade reports. Submit all copies to the Pupil Personnel Services Office for approval.

District Office _____ Home Tutor _____
Assigned _____ Date _____
Use Only: _____ Date Re-Admitted to School: _____

Approved _____
(Student Services Specialist)

District Office: White Attendance: Yellow Data Processing: Pink Counseling: Golden Rod