

## Issaquah School District #411 Application for Home/Hospital Instruction

Tutoring is available for both elementary and secondary students who, because of physical disability or serious illness, are permanently or for a prolonged period of time confined to their home or hospital. The amount of instructional contact will be up to two hours per week. This program will be under the joint supervision of the school and family physician or hospital authorities.

Name of student: \_\_\_\_\_  
*Last*
*First*
*Middle Initial*

Student's birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade level: \_\_\_\_\_

Student's School: \_\_\_\_\_

Parent(s) name: \_\_\_\_\_  
*Last*
*First*
*Middle Initial*

Home address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

I would like for my child named above, to have home or hospital tutoring. An adult family representative will be available on the premises during the entire instructional period.

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

Parent/guardian signature: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Date application received by Special Services: \_\_\_\_\_

Date physician's certification received: \_\_\_\_\_

Date contacted by tutor to begin sessions: \_\_\_\_\_

Date tutoring was discontinued/completed: \_\_\_\_\_

**RETURN TO:** Issaquah School District  
 Special Services  
 565 NW Holly St.  
 Issaquah, WA 98027  
 Attn: Barb Johnson  
 425-837-7085