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: Karin Farrar
            425-837-7085

Issaquah School District
Issaquah, Washington
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