

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: _____
PLEASE PRINT

Address: _____
Street & # PLEASE PRINT City Zip Code

School: _____ Grade _____

Parent/Guardian Signature _____ Phone: _____

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

Executive Director, Special Services
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: _____