

West Sonoma County Union High School District
Application For Home/Hospital Instruction

To Be Completed By The School:

Parent Name Student Name DOB Grade
Street Address City Zip Code
Analy High School 6950 Analy Avenue, Sebastopol, CA 95472 (707) 824-2300
El Molino High School 7050 Covey Road, Forestville, CA 95436 (707) 824-6550
Laguna High School 445 Taft Street, Sebastopol, CA 95472 (707) 824-6485

Principal's Signature Counselor
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Request For Physician's Statement Date: \_\_\_\_\_

A Home/Hospital Teacher has been requested for (student name) \_\_\_\_\_

Before a teacher can be sent to the home or hospital, verification from a licensed physician is required. This verification shall also state that the disabling condition will not expose the teacher to a contagious disease that can be transmitted through casual contact. If there is any special information the Home/Hospital Teacher should have please note below or inform the school principal directly. Please provide the following information:

Nature of the disability: \_\_\_\_\_

Probable length of time before child can attend regular classes: \_\_\_\_\_

Is child hospitalized? \_\_\_\_\_ Name of hospital: \_\_\_\_\_

Location of hospital: \_\_\_\_\_ Probable length of hospitalization: \_\_\_\_\_

Will the disabling condition expose the Home/Hospital Teacher to a contagious disease that can be transmitted through casual contact? \_\_\_\_\_

Is there any physical, mental, emotional or nervous condition, which would make it desirable to limit the type or amount of work included in the Home/Hospital student program? \_\_\_\_\_

Signature of Licensed Physician Date
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For School Use Only: Student with IEP: Yes No
Student with 504 Plan: Yes No
If either of the above checked "yes", administrator verifies that educational program is consistent with IEP or 504 Plan Initial

Additional Comments: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

Teacher Assigned: \_\_\_\_\_ Assigned Date: \_\_\_\_\_