



Home and Hospital Instruction Application

Home and Hospital Application

Name of Student:

Date of Birth:

Name of LEA (Student enrolled in):

Name of LEA (Student attends):

Student has an IEP: yes no

Student has a 504 yes no

Legal Guardian's Name:

Address:

Phone number:

Email Address:

Medical Certification of Need:

***The Medical Certification of Need must be attached.**

Requested start date:

Duration requested:

***The duration cannot exceed 60 calendar days. You may request an extension of the services by submitting a medical recertification of no more than 60 calendar days each at least five (5) calendar days before the date on which you request an extension.**

I give consent for disclosure of information contained in or related to the medical certification of need.

_____ **Date** _____
Legal Guardian's Signature



Home and Hospital Instruction Application

I give consent for instruction to be provided either in person or by a real time video telephony or asynchronous learning.

***If instruction is provided by any means other than in person, computer and other necessary technology equipment will be provided by the school at no charge.**

_____ **Date**_____

Legal Guardian's Signature

To be completed by School:

Approved: _____ **Date**

Not Approved: _____ **Date**