PORT TOWNSEND SCHOOL DISTRICT NO. 50

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 (4) 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 qualified medical practitioner.

Student’s Name: __________________________________________ Date of Birth: _________________

PLEASE PRINT

Address: __________________________________________________________

Street and # PLEASE PRINT City Zip Code

School: ______________________________________ Grade: __________________________

Parent/Guardian Signature________________________________________ Phone: ________________

Please return this form together with the Request for Home/Hospital Instruction form signed by the qualified medical practitioner to:

Director of Special Education
Port Townsend School District
1610 Blaine St.
Port Townsend, WA 98368
360-379-4366
FAX: 360-302-2498

For District Use Only:

Date Received: ________________

Date Service Initiated: ______________

Date Service Terminated: ______________

02/21/2019