

VISTA UNIFIED SCHOOL DISTRICT
Student Support Services
1234 Arcadia Avenue
Vista, CA 92084

**Home/Hospital Instruction
APPLICATION FOR HOME TEACHING**

Date: _____

School: _____

Grade: _____

Student Name _____ Birthdate _____ M / F

Parents _____ Home Phone _____

Address _____
Street Address City Zip

Work/Cell Phone (M) _____ Work/Cell Phone (F) _____

Student's Residence (if different from above): _____

*Please draw a map to the place of home teaching on the reverse side of this form.

Reason for not attending regular school _____

Is the student in a contagious or communicable state? (Circle one) Yes / No If yes, attach copy of protocol.

Probable duration of absence from regular school _____

Physician's Name _____ Phone _____

Physician's Facility Address _____

Last school attended _____ Date _____ Grade _____

Is this an IEP Team placement? (Circle one) Yes / No

Has applicant received home instruction before? (Circle one) Yes / No When _____

For how long? _____ From whom? _____

Parent Signature

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Notes:

