

RANDOLPH COUNTY SCHOOLS
Application for Home/Hospital Instruction Program

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN

Student's Full Name _____ Sex _____ Birthdate _____

Name of Parent/Guardian _____ Phone _____

Mailing Address _____ City _____ Zip Code _____

Directions to Home _____

Parent/Guardian Workplace _____ Work Phone No. _____

Parent/Guardian Workplace _____ Work Phone No. _____

Parent/Guardian Signature _____ Date _____

SECTION II: TO BE COMPLETED BY PHYSICIAN

Specific Diagnosis, including specific complication(s), preventing student from attending school:

Prognosis: _____

Receiving Counseling (Y/N): _____ Med(s) Prescribed (Y/N): _____

Date to begin: _____ Date to end: _____ Date of next appointment: _____

Criteria under which student can return to school:

Physician's Printed Name _____ Signature/Date _____

SECTION III: TO BE COMPLETED BY OFFICE OF ATTENDANCE

School/Grade/Last Attended/Referral: IEP or SAT or 504