

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

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For District Use Only:

Date Received: \_\_\_\_\_

Date Service Initiated: \_\_\_\_\_

Date Service Terminated: \_\_\_\_\_