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 **HOME TUTOR APPLICATION**

**To Be Completed by the School**

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| --- |
| Student’s Name:       Date of Birth (m/d/y):      Address:      School:       Grade:       |

**To Be Completed by a Medical Doctor**

Medical History:

Is this child/youth, in your medical opinion, able to attend school part-time or full time?

☐ Yes ☐ No If no, please explain:

What were the precipitating factors leading to this student not being able to attend public school?

Prognosis? How long do you anticipate this student being out of public school?

What restrictions are there for the student to attend school?

Doctor’s Name: Signature:

Address: Date:

**\*Return Completed Form to School Principal**