

Jericho Public Schools
Application for Home Instruction (Medical)

Student's Name: _____ Grade: _____ Date: _____

Address: _____ Town: _____ Zip Code _____

Home Phone Number: _____ School: _____

Medical: _____ Administrative: _____

Guidance Counselor: _____ Telephone Extension: _____

Building: _____ Employee submitting this form: _____

Reason: _____

Number of Days: _____

Family Physician: The above student is under my care and requires Home Instruction as indicated below:

Diagnosis: _____

The student is able to receive instruction at home Yes No

The student's medical condition is contagious Yes No

The student will be in condition to receive Home Instruction beginning on _____ 20__

I estimate that this will be necessary for a period of _____ days ending on _____ 20__

Physician's Signature

Physician's Stamp

Telephone Number

Address

School Physician:

The above request has been reviewed and I recommend that it be: approved disapproved

Remarks:

 If approved, I recommend the following:

 Student will need doctor's note to return to school Yes No

 Other: _____

School Physician's Signature

School Physician's Stamp/Address

To Be Completed By Pupil Personnel Staff Only

Start Date: _____ End Date: _____

Hours per day: _____ Initial of PPS Director: _____ Date: _____

****Please note:** Each Building is responsible to arrange teachers/tutors for Home Instruction
(Order of selection: the classroom teacher, other classroom teacher, tutor, outside agency)