

**FALLBROOK UNION ELEMENTARY SCHOOL DISTRICT  
REQUEST FOR HOME HOSPITAL INSTRUCTION**

Student \_\_\_\_\_ ID # \_\_\_\_\_  
School: \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Home/Hospital Instruction is being considered for the student named above. Medical information and a recommendation are necessary to determine whether or not the student is physically and/or emotionally unable to attend school.*

Diagnosis:

Is Home/Hospital Instruction recommended? Yes \_\_\_\_\_ No \_\_\_\_\_

What accommodations are necessary in regards to physical activity? \_\_\_\_\_

Probable length of time student will need Home/Hospital Instruction:

\_\_\_\_\_ month(s), \_\_\_\_\_ week(s) To Begin on (Date) \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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**OFFICE USE ONLY**

Date Received \_\_\_\_\_ by \_\_\_\_\_

Site Administrator \_\_\_\_\_

\_\_\_\_\_ Denied Reason \_\_\_\_\_

\_\_\_\_\_ Approved Tutor Assigned \_\_\_\_\_ Instruction will begin on \_\_\_\_\_

District Administrator \_\_\_\_\_