



West Valley School District #208
Special Services
 1000 South 72nd Avenue
 Yakima, WA 98908
 Tel: 509 965 2080

Request for Home Hospital Instruction

Student name _____
 Age _____ Birth date _____ Sex M F Date of request _____
 School _____ Teacher _____
 Is this student enrolled in Special Education? Yes No

Section 1 - This Section to be Completed by a Qualified Medical Practitioner

Diagnosis:

- Disease/injury (Please specify primary diagnosis)
- Drug/alcohol treatment
- Pregnancy
- Other (Please specify)

I certify that this student is unable to attend public school for _____ weeks.

Medical Certification:

 Printed Name of Medical Provider Phone Number

 Signature

 Date

 Business Address

Section 2 - This Section for School District Use

Check one

- Original request
- Extension

Note: Beginning date on extension request must consecutively follow ending date of original request.

School District Authorization:

Date instruction will begin/continue

 Signature

 Date

 Phone

 Month

 Day

 Year