



Parent/Guardian Agreement for Home or Hospital Instruction

Student Name:

Date of Birth:

Grade:

School:

Parent Name:

Parent Address:

Parent Phone Number:

Parent Email Address:

If my student is approved for Home/Hospital Instruction (HHI), I understand and agree to the following (initial each term below):

_____ I will provide a safe, quiet setting for the student and teacher or service provider in my home. This includes securing all animals in another location, refraining from smoking, and minimizing distractions (television off, etc.). If instruction is to occur virtually, I will provide a quiet setting free of distractions and ambient noise, and will communicate with my school regarding any necessary technology required to ensure consistent internet access and virtual participation.

_____ I, or another responsible adult, will be present with the student and teacher at all times.

_____ I will communicate openly and respectfully with the home/hospital instructor and related staff.

_____ I will update all forms upon any change in my student's physician, condition, or treatment plan.

_____ I give permission for the physician(s) and school personnel to release and exchange information and records regarding my child's medical condition and instructional program.

_____ I agree that Capital City PCS' handbook and code of conduct apply to and during HHI.

_____ I am aware and accept that not all topics and content areas may be available through HHI.



_____ I am aware and accept that the instruction provided during HHI, potentially including the standards, scope, sequence, materials, or assignments, may not be the same as those presented in my student's regular classroom and school setting.

_____ I understand and accept that HHI must be reauthorized **each 60 days**, or sooner based on relevant changes in my child's condition.

If the student will have intermittent or episodic absences:

_____ I understand that HHI will only be provided for **excused** medical absences related to the specific medical condition set forth in this application. For an absence to be excused, I understand that I must follow the procedures in the school handbook.

_____ I understand that HHI may not take place on the same day my student is absent, unless absences have been planned and scheduled at least three weeks in advance. HHI for unexpected, periodic, or episodic absences will take place within two weeks of the excused absence date.

(Print) **Parent/Guardian's Name**

Signature

Date