



### **Application for Home or Hospital Instruction**

Capital City PCS provides home or hospital instruction to students with health conditions who are unable to attend school for 10 or more consecutive or cumulative school days during a school year. Parents who believe their children may qualify for such services may request home or hospital instruction by completing this application and providing all necessary parts of the application.

To apply for home or hospital instruction, parents must complete this application as well as the [Parent/Guardian Agreement for Home or Hospital Instruction](#) and submit a complete [Medical Certification of Need](#) signed by a qualified medical professional.

**Student Name:**

**Date of Birth:**

**Grade:**

**School:**

**Parent Name:**

**Parent Address:**

**Parent Phone Number:**

**Parent Email Address:**

### **Requested Dates**

Please indicate the date for home or hospital instruction to begin and date for instruction to end.

- **Start Date:**
- **End Date:**

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**