

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number **602.8.2.1P** Adopted **September 1983** Revised **October 2015**

Title **Application for Instruction for a Student Unable to be in School**

- 1. Student Information** **Student No.** _____
- 1.1 Name _____ Birthdate _____ Grade _____
- 1.2 School in which student is regularly enrolled _____
- 1.3 Last date of attendance _____
- 1.4 Parent/guardian name _____
- Phone: (home) _____ (work) _____
- Address _____
- 1.5 Date of return home from hospital or other facility, if applicable _____
- 1.6 Date of application _____

2. Attach Appropriate Documentation:

- *Accident or Illness (Physician's Statement)
- IEP or 504 Team Decision (Homebound IEP or 504 Plan)
- Expulsion

*NOTE: A release of information form (Procedure 505.2.3P, Prior Consent to Release Private Data To or From an Outside Agency/Person) will be completed, and the parent will be asked to sign the form and take it to the physician or psychiatrist so pertinent information may be exchanged.

3. Teacher Information (to be completed by principal)

Last Name, First Name, Middle Initial	File Folder Number	Subjects Taught

4. Instructional Program (to be completed by principal)

- 4.1 Place of instruction _____
- 4.2 Beginning date of instruction _____ Number of hours per week _____
- 4.3 Check one: _____ This application is for a regular education student.
 _____ This application is for a student with a disability.
- 4.4 Signature of Principal _____ Date _____

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District Office Processing (not required for expulsions)

Check one or indicate percentage of distribution:

_____ Reimbursable code _____ Non-reimbursable code

Signature of Director of Special Education

_____ Date _____