

WATERVLIET CITY SCHOOL DISTRICT APPLICATION FOR HOME TUTORING

STUDENT INFORMATION			
First Name		Birthdate	Grade
Last Name		Check each that applies to your child:	Primary reason for request:
Address		Special Education IEP <input type="checkbox"/>	Illness <input type="checkbox"/>
City		504 Plan <input type="checkbox"/>	Anxiety/School Phobia <input type="checkbox"/>
Phone		General Education <input type="checkbox"/>	Surgery <input type="checkbox"/>
Email			Other: Explanation

SCHOOL INFORMATION			
Current School Attending		School Counselor	
Teacher Name			

MEDICAL DOCUMENTATION OF NEED			
Physician Name		Required: <ul style="list-style-type: none"> ▪ Reason why Home Tutoring is necessary. ▪ Medical condition, including history, prognosis and medication. ▪ Limitations concerning the kind and duration of instruction ▪ Length of time for Home Tutoring (no longer than one month – after one month, if more time is needed, another application must be submitted) ▪ Precautions the tutor should take during period of instruction. 	
Address		Original physician or psychiatrist's signature is required.	
City, State ZIP Code			
Phone			
Physician Fax:			
Physician's signature:			

AGREEMENT

I consent to the exchange of information from my child's physician, psychiatrist and therapist with the Watervliet City School District for the purpose of determining the need for Home Tutoring.

Signature (Parent/Guardian): _____ Date: _____

SUMMARY OF ACTIONS AND RECOMMENDATIONS	
Date Submitted by Parent	
Date Reviewed by District Administrator	
Recommendation of District Home Tutoring Time Period: From _____ to _____	Reason Home Tutoring not approved: