

# Request and Application



## Home Hospital Instruction

Clovis Unified School District

1550 Herndon Ave. Clovis, CA 93611


(559) 327-1814 FAX (559) 327-1890

Form for a temporary physical or mental disability.

**Only students expected to miss at least two weeks of school will be considered for HHI instruction services.**

I recommend Home Hospital Instruction for:  
(Student Name)

SID #

 Principal or  
Learning Director Signature

**The physician can sign this form or verification on letterhead can be substituted.**


Physician Printed Name

 Physician Signature

Diagnosis

Length: From>

To>

 *I give permission for the Home Hospital Instruction Coordinator and my Physician/Mental Health Professional to exchange information concerning my child. This authorization terminates when my child returns to school.*

Parent/Guardian Printed Name

Parent/Guardian Signature

### **For CUSD Use Only:**

✓ HHI Coordinator will obtain Home Information and Schedule from the district database.

✓ Date

✓ Counselor or GIS: Please Fax this form and the medical verification to HHI Coordinator, Vicki Ludwig (559-327-1890).

✓ Assigned to:

✓ Approved: