



THOMAS | GREENBRIER | IVY HILL | OLIVE | PATTON
SOUTH | DRYDEN | WESTGATE | WINDSOR

DEPARTMENT OF STUDENT SERVICES 1200 S. Dunton Ave, Arlington Heights, IL 60005 847.758.4875

CONSENT FOR HOME/HOSPITAL INSTRUCTION

Student Name: _____ Date of Birth: _____

Address: _____

I hereby authorize this child to receive:

- Home instruction
- Hospital instruction

at the earliest opportunity because of:

- a projected absence period of at least two weeks, or
- a projected intermittent absence for at least 2 days at a time totaling at least 10 days this school year

I understand that a written statement of need must be provided by my child's physician and that Arlington Heights School District 25 will provide home/hospital instruction pursuant to state and federal law.

I further understand that a parent or adult caregiver **must** be present during all home/hospital instruction and that the instruction may occur in a different setting or format if safety or other concerns require such an accommodation.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Relationship to Student: _____

Phone: _____

Date: _____

Submit this form to:

Arlington Heights School District 25
Department of Student Services
1200 South Dunton Ave Arlington Heights, IL 60005
p: 847.758.4875
e: dicarpenter@sd25.org