

SCHOOL DISTRICT #22 (VERNON)

REFERRAL FOR HOSPITAL/HOMEBOUND SERVICES

This form is to be faxed to The Open Door Education Centre @ 549-0411

**Parents and school will arrange to pick up and return assignments to school.
Hospital-homebound teacher will arrange for a weekly visit with the student.**

Date Request Made: _____

School: _____ Grade: _____ Teacher: _____

Students Name: _____

Address: _____ Postal Code: _____

Gender: Male Female Date of Birth: _____

Parents or Guardians Names: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent Approval of Request: Yes No

Family Doctor: _____

Reason for Request:

Initial meeting requested between classroom teacher and hospital-homebound teacher?

Yes No

If yes, contact telephone number: _____

School Coordinator: _____ Principal: _____