



Fax completed forms to:  
 (305) 470-7490 or email to  
 nsalfer@tokla.org

**REQUEST FOR CONSIDERATION OF ENROLLMENT IN THE HOMEBOUND/HOSPITALIZED INSTRUCTIONAL PROGRAM**

To be considered for services from the Homebound/Hospitalized program, it is necessary that the referring physician and/or psychiatrist make a recommendation. The parent or legal guardian must sign below, releasing information from the physician/psychiatrist to the Tree of Knowledge Learning Academy Homebound/Hospitalized Instructional Program. The student will not be considered for the Homebound/Hospitalized Instructional Program without this signed release.

**Incomplete forms will be returned.**

**SECTION I - COMPLETED BY THE PARENT/LEGAL GUARDIAN**

STUDENT NAME (last, first, middle)	STUDENT NUMBER	BIRTH DATE
ADDRESS (street number & name, apt. no., city, state, zip code)		
PARENT NAME (last, first, middle)	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
SCHOOL		GRADE

I hereby authorize the physician to release all information concerning diagnosis, treatment and any medical implications for instruction to the Tree of Knowledge Learning Academy. This communication may be written or verbal. This release will remain in effect until the student has been dismissed from the Homebound/Hospitalized Instructional Program.

Must be signed by parent/legal guardian \_\_\_\_\_  
**or student at the age of majority (18 years or older)** \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION II - COMPLETED BY THE PHYSICIAN/PSYCHIATRIST**

PHYSICIAN/PSYCHIATRIST NAME	PHYSICIAN/PSYCHIATRIST SPECIALTY	TELEPHONE NUMBER
PHYSICIAN/PSYCHIATRIST ADDRESS		

**EXPECTED DATE OF RETURN:** An anticipated date of return to school must be determined by the physician. If an undetermined date is indicated, the form will be returned to the physician and/or psychiatrist for an expected date of return. Returned forms will delay the consideration of a student's possible placement into the Homebound/Hospitalized Instructional Program. If, during treatment, the physician/psychiatrist needs to extend the expected date of return to school, the physician/psychiatrist may do so by submitting a new form which reflects the revised date of return. If the student can return to school prior to the expected date written below, a Physician's Release of Student Form will be required. The amended form or letter can be faxed to the Homebound/Hospitalized Instructional Program office, FAX number (305) 470-7490.

Expected school return date (mandatory) \_\_\_\_\_ (mm/dd/yy)

