

PELHAM CITY SCHOOLS

203 Mathewson Avenue

Pelham, GA 31779

(229) 294-8715

REFERRAL FOR HOSPITAL AND HOME INSTRUCTION SERVICES

- I. **PUPIL INFORMATION:** (To be completed by the Principal and sent to child's physician. Upon return from the physician, the Principal will forward to the Superintendent's office.)

Name: _____ Birthdate: _____
(Last) (First) (Middle)

Parent or Guardian: _____
(Last) (First) (Middle)

Address: _____

Phone: _____
(City/State) (Zip)

School: _____ Grade: _____

Homeroom Teacher: _____ Last Day Attended: _____

Date forms are given to parents: _____

Principal's Signature: _____ Date: _____

- II. **MEDICAL CERTIFICATION:** (To be completed by the physician and returned to the Principal.)

Diagnosis of physical illness: _____

How long will the child be out of school from the date of the report? _____

Approximate date child will be ready for instruction: _____

This child is capable of receiving home instruction with the following limitations:

Physician's Signature: _____ Date: _____

Address: _____

_____ Phone: _____

(City/State) (Zip)

- III. **DIRECTOR'S EVALUATION:**

Approved: _____ Not Approved: (Reason) _____

Superintendent's Signature: _____ Date: _____