

Alpine School District Home & Hospital Application

Student Section:

Student:	Student #	M / F
Parent/Guardian:		
Home Address:		
Home Phone:		Cell Phone:
Student's Email:		
Parent's Email:		
School Currently Attending:		Grade:
Is the student in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe any services being provided.
<i>Special Education Dept. Use Only</i>		
Date of Meeting ____/____/____		Initials _____
Has a counselor met with the student and parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The Home & Hospital information has been given to the parent/s. <input type="checkbox"/> Yes <input type="checkbox"/> No		
The Home & Hospital service plan has been completed and attached. <input type="checkbox"/> Yes <input type="checkbox"/> No		
The physician's statement has been completed and attached. <input type="checkbox"/> Yes <input type="checkbox"/> No		

School Section:

School Counselor Signature

School Counselor Printed

School Administrator Signature

School Administrator Printed

- Fax a copy of the application forms to Student Support Services 801-610-8519 for approval. A copy will be stamped and signed and returned to the school by fax. Please complete all forms before faxing.

Student Services Section:

Students Services Signature

____/____/____
Date Assigned

____/____/____
Approved through