

**Annapolis Valley Regional School Board**  
**HOMEBOUND TUTOR SERVICE APPLICATION**  
 (to be completed by a medical doctor and returned to school principal)

**Student Information:**

Name: \_\_\_\_\_ Gr.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Legal Guardian(s): \_\_\_\_\_

**Medical Information:**

Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this youth, in your medical opinion, able to attend school on a part-time/full-time basis? Yes  No

If 'No', please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were the precipitating factors leading to this student not being able to attend public school?

\_\_\_\_\_

\_\_\_\_\_

Prognosis? How long do you anticipate this student being out of public school? \_\_\_\_\_

\_\_\_\_\_

What restrictions are there for this student to attend school? \_\_\_\_\_

\_\_\_\_\_

Doctor's Name (please print): \_\_\_\_\_ Ph: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date