

**COPIAGUE PUBLIC SCHOOLS
OFFICE OF STUDENT SERVICES
Application for Approval of Home Teaching
- or -
Special Transportation**

I (To be Completed by Counselor, Nurse or Parent)

Name of Child:	_____	(Last)	(First)
Address:	_____		
Telephone Home:	_____	Work:	_____
		Cell:	_____
School Attending:	_____		Grade: _____
Request for Service:	_____		
Service Dates:	Start: / /	End (required):	/ /
Completed by:	_____	Title:	_____
		Date:	_____

II (To be Completed by Physician or School Nurse) Report of Examination

Diagnosis:	_____		
	(use A.M.A Classification)		
Date of Onset:	_____	Is child able to attend school?	_____
If child is unable to attend school, indicate length of time child will not be in attendance: _____			
Doctor's note attached:	<input type="checkbox"/>		
Service Recommended:	Transportation <input type="checkbox"/>	Residence (curb to curb) <input type="checkbox"/>	Wheelchair <input type="checkbox"/>
	Home Teaching: <input type="checkbox"/>	@ Home <input type="checkbox"/>	SBHI @ HS <input type="checkbox"/>
			@ Copiague Library <input type="checkbox"/>
Service Dates:	Start: / /	End (required):	/ /
Date:	_____	Signature:	_____

III (To be Completed by Office of Student Services)

Approved: / /	Denied: / /	By: _____
		Assistant Superintendent for Student Services
Home teaching to be provided by classroom teacher(s): <input type="checkbox"/>	Teaching Agency: <input type="checkbox"/>	
Service to Start: / /	Arranged by: _____	

Original: Transportation Office cc: Student Services Building Principal Guidance Other	Copiague Library <input type="checkbox"/> <i>(contact Guidance Counselor for schedule)</i>
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