



Park City School District Request for Home Health Instruction

Date: _____ Student's Name: _____

Parent/Guardian's name: _____

Address: _____

Home/Cell Phone: _____

My child currently has an Individualized Education Plan and receives special education services under IDEA: Yes No

My child currently has a 504 Plan and receives services under Section 504: Yes No

Briefly state the reason(s) for requesting home health services: