



## PARENT/GUARDIAN AGREEMENT

If my student, \_\_\_\_\_, is approved for home/hospital instruction, I understand the following **(initial each item below)**:

- \_\_\_\_\_ I will provide a safe, quiet, clean, well-ventilated setting for student and teacher in my home. This includes **1) securing all animals while instruction is taking place; 2) refraining from smoking and drinking; 3) minimizing any distractions (television, radio, video games, etc.); and 4) ensuring everyone is fully clothed;**
- \_\_\_\_\_ I will ensure that a responsible adult is present throughout the entire lesson;
- \_\_\_\_\_ I will establish a schedule for student study between classes and encourage completion of homework assignments;
- \_\_\_\_\_ I will foster my child's independent work ethic and will assist only as needed;
- \_\_\_\_\_ I will communicate openly and consistently with my child's HHIP coordinator and HHIP Instructor;
- \_\_\_\_\_ If there is a change in physician/medical provider, I will provide an additional HHIP Physician/Medical Provider Verification form completed by the new physician/medical provider;
- \_\_\_\_\_ I agree to provide the HHIP program staff any updated information regarding the physician/medical provider's treatment plan for my student;
- \_\_\_\_\_ I give permission for the physician(s)/medical provider(s) and appropriate school personnel to exchange information and records regarding my student's medical condition, diagnosis, and instructional program;
- \_\_\_\_\_ I agree to cooperate with the DCPS policies, including the Code of Student Conduct and those of HHIP, during my student's enrollment in HHIP;
- \_\_\_\_\_ I am aware that elective courses are not available through HHIP;
- \_\_\_\_\_ I understand that provisions of incomplete information may delay the application and eligibility determination process for HHIP.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date