

School District No. 78 (Fraser-Cascade)

Telephone (604) 869-2411

Fax (604) 869-7400

650 Kawkawa Lake Road

Box 3200, Hope, B.C. V0X 1L0

Hospital/Homebound Referral Form

Date: _____ Referring Teacher: _____

School: _____ Pupil's Name: _____

Age: _____ Grade: _____ Phone: _____

Parent/Guardian: _____

Postal Address: _____

Street Address: _____

Last Date Pupil Attended School: _____

Estimated Length of Absence: _____

Name of Pupil's Physician: _____

Reason for Absence: _____

Additional Comments: _____

Subjects to be Covered: _____

(Principal's Signature)

(Please attach a copy of the pupil's most recent report card.)

H & H Referral

FOR OFFICE USE ONLY

Pupil's Name: _____ School: _____ Grade: _____

Referring Teacher: _____ Date: _____

Estimated Length of Absence: _____

Reason: _____

Weekly Instructional Time: _____