



## Rochester City School District Student Health Services

### Request for Home Hospital Tutoring Services for Medical Reasons

Dear Health Care Provider:

Thank you for requesting Home Hospital Tutoring Services from the Rochester City School District. Please complete the following in order to request tutoring services for medical reasons:

#### Student Information

Student Name		
Date of Birth		
Medical Diagnosis		
If pregnant, estimated date of delivery (EDD)		

- Students who are pregnant receive 6 weeks for vaginal births, 8 weeks for cesarean beginning on the estimated date of deliver (EDD) unless they deliver early or are experiencing complications.

Requested date that tutoring should begin:	
Estimated date that tutoring should end:	

#### Health Care Provider Information

Health Care Provider's printed name:	
Health Care Provider's signature:	
Address	
Phone:	Fax

Fax or email COMPLETED forms to:

ATTN: Jane Ford Mills, RN

Home Hospital Tutoring

Email: [Jane.ford@rcsdk12.org](mailto:Jane.ford@rcsdk12.org)

Fax (585)324-9931

Contact the nurse at the Home Hospital Tutoring program with any questions at 585-262-8000, x 4140