



## PARENT/GUARDIAN AGREEMENT

If my student, \_\_\_\_\_, is approved for home/hospital instruction, I understand the following (check the boxes 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; and 3) minimizing any distractions (television, radio, video games, etc.).**
- I will ensure that a responsible adult is present (if required);
- I will establish a schedule for student study between delivered instructional times;
- 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 HIP Coordinator and HIP Instructor;
- If there is a change in physician, I will provide an additional HIP Physician Verification Form, completed by the new physician;
- I agree to provide the HIP program staff any updated information regarding the physician's treatment plan for my child;
- I give permission for the physician(s) and appropriate school personnel to exchange information and records regarding my child's medical condition, diagnosis and instructional program;  
**Parent/Guardian ( \_\_\_\_\_ ) initials**
- I agree to cooperate with the DCPS policies including the Code of Student Conduct and those of HIP, during my child's enrollment in HIP;
- I am aware that some courses are not available through HIP;
- I understand that provision of incomplete information may delay the application and eligibility determination process for HIP.

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

\_\_\_\_\_  
Date