

HARLAN COUNTY BOARD OF EDUCATION - HOME/HOSPITAL VISITATION & PLANNING SCHEDULE

NAME OF SCHOOL:

* Please ensure that the student name, parent/guardian signature (**no initials please**), date, beginning and ending times of each visit are included below and that they match your timesheets exactly. Visits can only occur after school hours on days that school is in session and only 1 student should be added per form.

* Please submit the original of this document when turning in paperwork. We cannot accept copies.

STUDENT NAME	SIGNATURE OF PARENT OR GUARDIAN	ADDRESS	PHONE	DATE	BEGINNING TIME	ENDING TIME	TRAVEL TIME	PLANNING & CONFERENCES

SIGNATURE OF TEACHER: _____

THIS MUST BE TURNED IN EVERY 1-2 WEEKS / BY THE 10TH AND 25TH OF EACH MONTH

