

Wakulla County Schools
**PARENTAL AGREEMENT FOR HOSPITAL/HOMEBOUND SERVICES
POLICIES AND PARENTAL COOPERATION**

Student Name _____

As the parent, guardian or primary care giver you shall:

- Provide a quiet, clean, well ventilated setting where student and teacher will work.
- Ensure that a responsible adult is present.
- Establish a schedule for student study between visits which takes into account the student's courseware.

Signature of Parent, Guardian or Primary Care Giver

Date