

Santa Ana Unified School District Support Services / Health Services 1801 S. Poplar St., Santa Ana, CA 92704 Office (714) 433-3462 Fax (714) 433-3450

Home Instruction Request for Pregnant Students

Student Information

Date: School:		Student ID#:	
Student Name:		Birthdate:	
Address:		Home Phone#	
Mother Name:	Work Phone:	Cell Phone#	
Father Name:	Work Phone:	Cell Phone#	
Regular Student	Special Educatio Specify Mild/Mc	n: od, Mod/Severe	

PHYSICIAN'S INFORMATION

The California Education Code requires all students to attend school full time until their 18th birthday unless they graduate earlier. The Legislature finds and declares that pregnant and parenting pupils are entitled to accommodations that provide them with the opportunity to succeed academically while protecting their health and the health of their children (E.C. 46015 (a)): (1) A pregnant or parenting pupil is entitled to <u>eight weeks</u> of parental leave, which the pupil may take before the birth of the pupil's infant if there is a medical necessity and after childbirth during the school year in which the birth takes place. (2) A pregnant or parenting pupil who does not wish to take all or part of the parental leave to which they are entitled pursuant to paragraph (1) shall not be required to do so. (3) A pregnant or parenting pupil is entitled to receive more than eight weeks of parental leave pursuant to paragraph (1) if deemed medically necessary by the pupil's physician. If a student has any medical complications, please indicate leave time for which is **MEDICALLY** necessary. Thank you for assisting us in facilitating students' educational plan towards graduation.

Complications of pregnancy?	Please provide specific diagnosis:
Date when Home Instruction should begin:	
Date when student is expected to return to school	bl:
	Physician Signature:
<i>Student</i> : Please provide school nurse and attendance office with a copy of this form.	
<i>Medical Office:</i> Please fax to school nurse at:	Physician printed name:
School:	Address:
	Phone:
Fax #: Attn: School Nurse	
	Date:
Authorization: Support Services:	Date:

*<u>Student – keep a copy of this completed form for your records.</u> *