

To: Senior Inspector  
 Special Education Support 2 Section  
 Room 201, East Block,  
 Education Bureau Kowloon Tong Education Services Centre, 19 Suffolk Road,  
 Kowloon Tong.  
 (Enquiry Tel. No.: 3698 3727 Fax No.: 2760 4191)

Referral for Home-bound Teaching Programme  
for School-age Children who are Home-bound for Health Reasons

(A) Particulars of the Child

Name: \_\_\_\_\_ HA Ref. No. \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ (dd/mm/yyyy) Sex: \_\_\_\_\_ Class Level: \_\_\_\_\_ (20 /20 )  
 School attending: \_\_\_\_\_  
 Parent's/ Guardian's Name: \_\_\_\_\_  
 Relationship with child: \_\_\_\_\_ Parent's/ Guardian's Tel. No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(B) Medical Information

I hereby certify that the above-named child is unsuitable for school attendance due to health reasons but he/ she is suitable for attending the "Home-bound Teaching Programme" provided by the Hospital School.

Medical diagnosis of the child is as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated duration of leave from school as warranted by his health condition:  
 \_\_\_\_\_ (months)

*Assessed by Medical Officer*

Signature: \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Hospital: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_  
 Fax. No.: \_\_\_\_\_  
 Date: \_\_\_\_\_