



Nurse's Office  
Nevada Union High School  
Karen Harris, R.N.  
Buffy Nicholson, Health Clerk

Dear Provider:

A student attending Nevada Joint Union High School District is in your care and has requested home instruction due to a temporary disability. Attached is information, which will help you to determine if the student qualifies for this program. Please complete the attached form, and return by fax to Nevada Union High School, at (530) 272-1512.

Thank you for your prompt attention to this matter.

Attachments