

**Kenosha Unified School District**  
**eSchool Medical Virtual Instruction Program (MEDVI)**

Kenosha eSchool 1808 41<sup>st</sup> Place  
Phone: 262-359-7715 Fax: 262-359-5933

MEDVI Referral Information

Student Name \_\_\_\_\_ Date \_\_\_\_\_

ID No. \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School attended previously \_\_\_\_\_ Last Day Attended \_\_\_\_\_

Counselor \_\_\_\_\_ Referral Source \_\_\_\_\_

Please check if your child has one of the following: ☐ Special Education ☐ 504 Plan ☐ Other Health Impairment

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Suspected Illness/Medical/Physical/Emotional  
Concern \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Physician Fax Number: \_\_\_\_\_

Please give some background and information regarding your child's situation and/or circumstances that lead to applying for the MEDVI eSchool Program:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

eSchool Counselor's Notes: