

SCHOOL REQUEST FOR HOMEBOUND INSTRUCTION

STUDENT INFORMATION (PLEASE PRINT)

Student's Legal Last Name

First Name

Today's Date

Student Number

Sex

Date of Birth

Address Number and Street Name – Apt. #

City

Zip Code

Parent Name

Phone Number

School

Teacher / Counselor

Grade

Special Education

General Education

Diagnosis

To The Administrator:

In order for a student to qualify for homebound/hospitalized instruction, he/she must be determined by a licensed physician to be unable to participate in the regular school setting for a period of more than five consecutive school days. Homebound instruction may begin immediately following an accident, injury or illness upon receipt of a physician's diagnosis and prognosis.

Written authorization from the school administrator is also required. The homebound/hospitalized teacher will contact the principal, counselor, or teacher regarding homework assignments within three days of receiving the school request and physician's medical authorization.

Signature of School Administrator: _____ Date: _____

Please fax completed form along with Physician's Recommendation for Homebound Services to: **Dr. Joshua Tynan**
X 77061

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Office use only

Reviewed and Approved by: _____ Date: _____

Date Assigned: _____ Initial Service Date: _____ Return Date: _____

Dearborn Public Schools

Howe School

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