

**SCHOOL REQUEST FOR HOMEBOUND
INSTRUCTION**

STUDENT INFORMATION (PLEASE PRINT)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's Legal Last Name	First Name	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Number	Sex	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Number and Street Name – Apt. #	City	Zip Code
<input type="text"/>	<input type="text"/>	
Parent Name	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>
School	Teacher / Counselor	Grade
<input type="text"/>	<input type="text"/>	
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: Nicole West
X 77052**

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Office use only

Reviewed and Approved by: _____ Date: _____

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