

**FRANKLIN COUNTY SCHOOL SYSTEM
HOMEBOUND REFERRAL**

Section 1: To be completed by local school, Central Office, or guardian.

Student's Name: _____ Date: _____

Date of Birth: _____ School: _____

Grade: _____ Home Phone: _____

Does the student receive or is he/she eligible for IDEA or 504 services? Yes _____ No _____

Section 2: To be completed and signed by parent/guardian.

Parent/Guardian's Name: _____ Cell Number _____

Address: _____ Work Number _____

I hereby authorize the Franklin County Schools to obtain information necessary to provide Homebound Services for my child.

Parent's/Guardian's Signature: _____ Date: _____

Section 3: To be completed and signed by examining physician.

Is this student able to attend school? Yes _____ No _____

If so: Can he/she attend school Full-time _____ Part-time _____ Number of hours per day? _____

Date of onset: _____ Anticipated Duration in Weeks: _____

List limitations and/or restrictions in the school setting: _____

Additional comments:

Physician's Name (printed): _____ Phone Number _____

Signature of Examining Physician: _____ Date: _____

**Once completed, please fax and/or mail this form to the attention of Cynthia Forsythe, Homebound Coordinator
Franklin County Schools, P.O. Box 610, Russellville, AL 35653
Telephone 256-332-1360, Ext. 1024, Fax 256-331-0069**