

West Carroll Special School District
Parent/Guardian Request for Homebound Instruction Services

Section I: To be Completed by Parent or Guardian Requesting Homebound Services					
Student:				School:	
<small>Last</small>		<small>First</small>		<small>MI</small>	
Grade:		Date of Birth:		Homeroom/Homebase:	
Attending Physician Name:			Name of Practice:		
Individual Requesting Services:			Relationship to Student:		
911 Address:				Telephone (Home):	
				Telephone (Cell):	
				Telephone (Work):	
Alternate Contact (Name, Relationship, Phone):					
<p>By making application for homebound services, I understand and agree to the following:</p> <ol style="list-style-type: none"> 1. Homebound instruction for health impaired students requires no less than two 90 minute sessions per week. Students receiving homebound instruction must have a health impairment of sufficient seriousness to prevent that student from attending school for five (5) or more consecutive instructional days. <i>(WCSSD Board Policy 4.206)</i> 2. I grant permission for my physician and other healthcare professionals to release information from this student's medical records to West Carroll Special School District. 3. The principal will approve or deny the application for homebound instruction after reviewing the recommendation of the student's attending physician. 4. A parent or other specified adult must be present during instructional visits. Should conditions prevent the presence of this specified adult, the homebound teacher should be contacted in advance to reschedule the instructional visit. 5. Every effort should be made to keep appointments with the homebound teacher. Failure to keep or reschedule homebound appointments may result in the accumulation of unexcused absences which can, in turn, lead to charges of truancy being filed by the district's attendance supervisor. 					
Signature of Parent/Guardian:					Date:

Section II: Principal's Certification and Approval of Homebound Services					
Date Received:		Homebound Services Approved:		Denied:	
Dates Certified for Homebound Services:		Through			
		<small>Date</small>		<small>Date</small>	
Scheduled Return to School Date:		Physician's Certification on File?		Yes	No
Is Student SPED?	Yes	No	If Yes, Provide IEP Meeting Date?		
Homebound Teacher Assigned, Name:					
Principal's Signature:					Date:

Cc: Parent/Guardian
Homebound Teacher
SPED Teacher (If Applicable)
Attendance Supervisor