

HOMEBOUND STUDENT INFORMATION FORM

SECTION I

Student Information (ALL Information Must Be Completed)

Student's Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div> Address: _____ City: _____ State _____ Zip: _____	School: _____ Student ID#: _____ Grade: _____ Age: _____ DOB: _____ Race: _____ Sex: _____ Student's Email Address _____
Mother's Name _____ Telephone Number _____ Father's Name _____ Telephone Number _____	Special Education Classification _____
Technology Service Request (HB Office Will Contact ITS Directly) _____ Will this student need to utilize technology/other alternative instructional delivery methods? If so, indicate specifics: _____ _____ *Computers are required for all Secondary Student Using e2020*	Is this Student disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No Disability: _____ ONLY Special Ed. Consultants coordinate services for Spec. Ed. students with IEPs.
Subjects Recommended by Principal or Designee: _____ _____	

SECTION II

School Committee Information (3 Signatures Required)	Faculty/Staff Signature: _____
Parent/Guardian Signature: _____	Faculty/Staff Signature: _____
Amount of Services Requested:	
The committee agrees this student should receive _____ number of hours each week and _____ total service hours . Beginning Date of Nonattendance _____ Projected Return Date: _____	

SECTION III

School Authorization (To Be Completed By Principal/Designee/School Homebound Coordinator)
This certifies the above named student has been recommended for homebound services as indicated: Full Name (Print): _____ Telephone#: _____ Email: _____ Signature _____ Date: ____/____/____
Teacher Information (Teacher Recommended/Assigned By Homebound Office)
Name: _____ Telephone#: _____ Email: _____ Teacher Mileage Information (Must be completed before sending this form in): Round trip mileage from SCHOOL to HOME of student _____. Stated mileage not to be exceeded.
District Homebound Office Authorization (To Be Completed By District Superintendent or Designee)
This certifies the above named student has been ____ approved/____ denied for homebound services as indicated: Reason denied: _____ Full Name (Print): _____ Telephone#: _____ Signature _____ Date: ____/____/____

**FAX (400-1674) completed Medical Homebound Instruction Form with this Form to the District's Homebound Office. **