

# STUDENT APPLICATION FOR HOMEBOUND INSTRUCTION

Today's Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Principal Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

## STATEMENT OF ELIGIBILITY

STATEMENT OF ELIBIBILITY FOR HOMEBOUND INSTRUCTION: The medical diagnosis must indicate that the student will have to be absent for at least four weeks.

Date \_\_\_\_\_

Medical diagnosis of condition

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation by physician

\_\_\_\_\_

Approximate length of time homebound teaching required \_\_\_\_\_

Physician Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

## FOR OFFICE USE ONLY

Homebound Teacher assigned \_\_\_\_\_

Teacher's Phone Number \_\_\_\_\_

Please return completed form to:

Stephanie Cole	or	Linda Goodwin
Special Education Supervisor		Assistant Superintendent
219 Main Street		219 Main Street
Crossett, AR 71635		Crossett, AR 71635
870-364-3112 Office		870-364-3112
870-364-3423 Fax		870-364-3423

Approved By: \_\_\_\_\_ Date \_\_\_\_\_