

**SCHOOL DISTRICT OF NEWBERRY COUNTY
HOMEBOUND PARENT/STUDENT INFORMATION**

STUDENT LAST NAME: _____

STUDENT FIRST NAME: _____

STUDENT BIRTHDATE: _____ AGE: _____

NAME OF SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____

PARENT/STUDENT HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT HOME PHONE: _____ PARENT WORK PHONE: _____

HOMEBOUND DOCTOR'S NAME: _____

DOCTOR'S OFFICE NAME: _____

OFFICE ADDRESS: _____

OFFICE CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ OFFICE FAX: _____

I verify that all of the above information is true and that I understand that my child and I are to abide by the agreed upon attendance & study requirements that were made when the Homebound Teacher contacted us to set up our child's homebound schedule. I also understand that the Homebound Teacher is an extension of the regular classroom thus all attendance & discipline regulations will be enforced the same as on campus at the regular school. Please remember that once your child returns to the regular classroom, his homebound status stops and a new homebound form from the doctor must be submitted to reapply for homebound services. All make-up hours, if any, will be made up after regular school hours on a schedule agreed upon by the homebound teacher and you.

(Parent's Name)

(Date)

FOR OFFICE OF STUDENT SERVICES SCHOOL PERSONNEL USE ONLY

HOMEBOUND START DATE: _____ HOMEBOUND END DATE: _____

TOTAL HOURS APPROVED: _____ EFA: _____

HOMEBOUND TEACHER: _____

DATE STUDENT RETURNS TO SCHOOL: _____ *(POWERSCHOOL person to insert date, sign, & fax this information to Student Services)*

DATE STUDENT'S HOMEBOUND INSTRUCTION IS COMPLETE: _____
(Homebound teacher to insert date, sign, & fax this information to Student Services)