

HUMBOLDT COUNTY SCHOOL DISTRICT

Homebound Program Application

Student Information:

Student: _____ Birthdate: _____ Age: _____

Address: _____ Home Phone: _____

School: _____ Grade: _____ Teacher: _____

Parent/Guardian Information:

Father: _____ Work Phone: _____

Mother: _____ Work Phone: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Homebound Agreement:

I/We agree to be present during the homebound instruction or to provide for the presence of a responsible adult. I/We understand that if a Homebound Teacher is to be used in the program, that an agreement will be developed with the Homebound Teacher outlining the specifics of the instruction to be provided. If a credit remediation program is selected, then we understand that it is our responsibility to return any and all equipment loaned to us for this program.

Signature of Parent/Guardian: _____ Date: _____

Plan for Homebound Instruction:

HUMBOLDT COUNTY SCHOOL DISTRICT

Homebound Services Justification of Need

Note: This form is to be completed by a Physician, Psychologist or Psychiatrist

Patient's Name: _____

Health Care Provider Information:

Health Care Provider: _____ Phone: _____

Address: _____

Describe the physical and/or mental limitations that would necessitate being educated outside of the school environment?

The student should be able to return to school on or about: _____

Health Care Provider Signature: _____ **Date:** _____