

NORTH LITTLE ROCK SCHOOL DISTRICT
Application for Homebound Services

Student Name _____ Date of Birth _____

Address _____ Home Phone # _____

Parent _____ Work Phone # _____

ID# _____ School _____ Grade _____ Race _____

Does the student have a current IEP or 504 plan? _____

Information verified by _____ Date _____

Statement of Eligibility
(To be completed by physician)

** Please note: Services will be provided for students who will be out of school for at least four weeks.*

Physician: _____ Date: _____

Clinic Name: _____ Phone: _____

Medical Diagnosis: _____

List restrictions: _____

Beginning Date: _____ Estimated Date of Return: _____

Date of next doctor's appointment: _____

Physician's Signature

Return to: North Little Rock School District
Special Services Office
Attn: Homebound
P.O. Box 687
North Little Rock, AR 72115

Phone: (501) 771-8033
Fax: (501) 771-8035

Approved by Homebound Office

Date

FOR OFFICE USE:

Coordinator Notified: _____

Conference Held: _____

IEP/504 received by Homebound _____