

Maryville City Schools

Request for Homebound Instruction

To Be Completed By the Parent/Guardian

Student Name _____ Date of Birth _____
School _____ Parent/Guardian _____
Grade _____ Contact Number(s) _____
Address _____

Does this student receive special education services or have an Individual Education Plan (IEP)? _____

This request cannot be processed without the following:

- **A signed and dated Consent for Release of Student Records-Medical/Psychological form**
- **An Educational Services Request completed by the medical professional who is treating the child for the condition that prevents him/her from attending school (to be obtained by the Homebound Coordinator for Maryville City Schools)**

Medical Professional(s) Information: (a Consent for Release of Records will be required for each)

Name _____ Address _____
Phone _____ Fax _____
Specialist _____ General Practitioner _____ Pediatrician _____

Name _____ Address _____
Phone _____ Fax _____
Specialist _____ General Practitioner _____ Pediatrician _____

Name _____ Address _____
Phone _____ Fax _____
Specialist _____ General Practitioner _____ Pediatrician _____

A determination of the appropriateness of a temporary homebound placement will be made by school system personnel, taking into account the recommendation of the physician, as well as other relevant factors.

If approved for homebound services, a parent/guardian of this student, or other specified adult, must be present in the home while homebound instruction is taking place.

Adult to be Present _____
Relationship to Student _____ Phone _____
Parent/Guardian Signature _____ Date _____