

APPLING COUNTY SCHOOL SYSTEM
Hospital/Homebound Instruction Program
Attendance Report

Attendance Report to _____
Homeroom teacher

For _____
Student

Grade _____ School _____

In accordance with the State Department of Education's regulations regarding the attendance of students on Hospital/Homebound instruction, this student should be counted *PRESENT* on your register or class roll for the period from

_____ through _____.

Thank you for your cooperation.

Hospital/Homebound Instructor

Date

**A copy of this form and the services log should be kept with the student's confidential special education file and attached to the current IEP when services are no longer required.*