# Douglas County School District

## Homebound/Home Placement Registration

COMPLETE THIS SECTION

Student's Name: ______________________________ School: ______________

Condition making home instruction necessary: ______________________________

______________________________________________________________

______________________________________________________________

If suspended/expelled, number of days: ____________ Expected date of return: ____________

______________________ ______________________ ____________

Instructor's Name (Please print) Principal's Signature Date

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1. **Homebound** – ***Student is not able to attend school due to a temporary medical condition***

A Parent Consent to Release or Exchange Confidential Information Form and a Doctor's note stating the medical condition of the student and expected return date to school must be attached to this Registration Form before it will be approved.

***To be completed by Assistant Superintendent for Educational Services:***

*Number of tutoring hours allowed:* __________ *Duration of Tutoring:* ____________

*Comments:* ______________________________________________

______________________________________________________________

❑ Approved

❑ Denied

***Request for extension of Homebound Services***

*Reason for extension:* ______________________________________

*Duration of Tutoring:* ______________________

❑ Approved

❑ Denied

______________________________ ____________________

*Assistant Superintendent Approval* *Date*

**OR**

2. **Home Placement** – ***Student is receiving home instruction as specified in IEP***

Please check if any apply:

❑ Suspension ❑ Expulsion ❑ Other ______________________

______________________________ ____________________

*Director of Special Services Signature* *Date*

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______________________________ ____________________

*Assistant Superintendent Signature* *Date*

**DOUGLAS COUNTY SCHOOL DISTRICT**
**1638 Mono Avenue**
**Minden, NV 89423**

# PARENT CONSENT TO RELEASE OR EXCHANGE CONFIDENTIAL INFORMATION

**Student**____________________________ **Birthdate**___________________________
**School**____________________________________ **Grade**______________________________

As required by the Family Educational Rights and Privacy Act, we must obtain written consent before releasing or exchanging education records with certain persons or agencies outside of the school district. We are seeking your consent to release or exchange records for the following reasons:

- ☐ We need additional information about your child in order to improve the services or programs we provide to him or her.
- ☐ The person, agency, or program listed below needs information from the school district in order to provide or arrange services for your child.
- ☐ Other____________________________________________________________________

The school district seeks to release or exchange the following types of information with the agency or program identified below. Parent/guardian must initial each approved area for release.

| | Initials | | Initials | | Initials |
|---|---|---|---|---|---|
| ☐ medical evaluations | _____ | ☐ psychiatric evaluations | _____ | ☐ psychological evaluations | _____ |
| ☐ academic tests | _____ | ☐ discharge summary | _____ | ☐ other _______________ | _____ |

Please be aware that the school district is obligated to maintain any information released to it by another agency in a strictly confidential manner.

**Person, agency, or program with whom exchange or release is sought:**

Name______________________________________________

Address____________________________________________

City, State, Zip Code___________________________________

Phone/FAX__________________________________________

I give my consent for the school district to release or exchange information with the above-named person, agency, or program for the purpose described. This authorization may be revoked at any time, except to the extent that action is already taken. Authorization expires 90 days from the date of signing.

____________________________________________ ______________________________________
Parent/Guardian/Eligible Student Signature Date

____________________________________________ ______________________________________
Witness Signature Date