



St. Clair County Board of Education

410 Roy Drive
Ashville, AL 35953

JENNY SEALS
Superintendent

205-594-7131 Phone
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HOMEBOUND PARENT REQUEST FORM

ACKNOWLEDGEMENT BY PARENT/GUARDIAN FOR THE REQUEST OF HOMEBOUND SERVICES

I, _____, parent/guardian of _____,

A student attending _____, Grade, _____,

acknowledge the request for homebound services and agree with the need for homebound services. I understand that a responsible adult must be in the home during all homebound instruction.

I also agree to the following:

1. *To provide a quiet, clean, well-ventilated setting where the student will work.*
2. *To keep visitors, pets, siblings, and other children out of the room during instructional time.*
3. *To ensure that my child meets homework and all other assignment deadlines.*
4. *To notify my child's Homebound Teacher by the end of the school day if cancellation of a Homebound visit is necessary.*

Date

Parent/Guardian Signature

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